BF

FACILITY NAME AND PERMIT NUMBER:	
Town of Stuart WWTP	VA 0022985

Form Approved 1/14/99
OMB Number 2040-0086

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FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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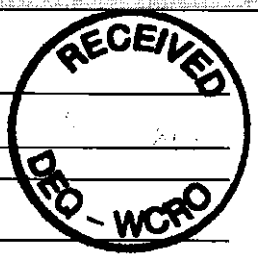
BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.



Facility name: Town of Stuart Wastewater Treatment Plant

Mailing Address: P.O. Box 422
Stuart, Virginia 24171

Contact person: Marion C. Slate, Jr.

Title: Superintendent of Water/ Wastewater

Telephone number: (276) 694-4477 WWTP (276) 694-3811 Town Hall

Facility Address (not P.O. Box): 709 Commerce Street
Stuart, Virginia 24171

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner ✔ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✔ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA 0022985 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Stuart	Est. 1,000 +/-	Separate	Municipal

Total population served Est. 1,000 +/-

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.6 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.290	0.290	0.289	mgd
c. Maximum daily flow rate	0.665	0.582	0.705	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other _____	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✔ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

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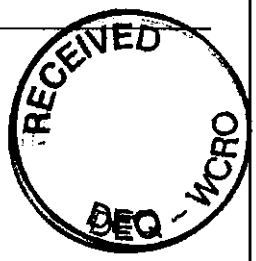
WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location Town of Stuart (City or town, if applicable) 24171 (Zip Code)
Patrick (County) Virginia (State)
36-38-09 (Latitude) 80-15-20 (Longitude)



c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate 0.289 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✔ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✔ No

A.10. Description of Receiving Waters.

a. Name of receiving water South Mayo River

b. Name of watershed (if known) Roanike River Basin

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): HUC 03010103

d. Critical low flow of receiving stream (if applicable):
acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

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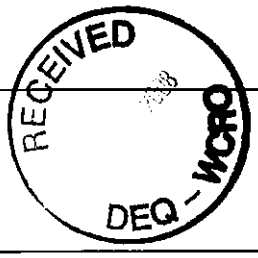

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✔ Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	> 88	%
Design SS removal	> 88	%
Design P removal	N/A	%
Design N removal	N/A	%
Other _____	N/A	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ✔ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✔ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	7.29	s.u.			
Flow Rate	0.705	mgd	0.289	mgd	365
Temperature (Winter)	20.4	deg C	14.1	deg C	120
Temperature (Summer)	26.3	deg C	23.9	deg C	120

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	13.72	mg/l	1.11	mg/l	156	SM 5210B	5.0 mg/l
	CBOD-5							
FECAL COLIFORM		N/A-Waived						
TOTAL SUSPENDED SOLIDS (TSS)		12.9	mg/l	5.55	mg/l	156	SM 2540-D	1.0 mg/l

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	
Town of Stuart WWTP	VA 0022985

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

Est. 30,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Continued system repairs/ maintenance I/I sources as they become evident

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✔No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

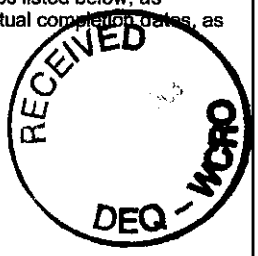
b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.



Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	__/__/____	__/__/____
– End construction	__/__/____	__/__/____
– Begin discharge	__/__/____	__/__/____
– Attain operational level	__/__/____	__/__/____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	ND	mg/l	ND	mg/l	1	EPA 350.1	0.1 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	ND	mg/l	ND	mg/l	1,095/ yr	Hach Method 8167	0.1 mg/ l
DISSOLVED OXYGEN	8.22	mg/l	8.22	mg/l	1	SM 4500-0G	0.1 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	10.7	mg/l	10.7	mg/l	1	SM 4500- NORGC	1.0 mg/l
NITRATE PLUS NITRITE NITROGEN	N/A-Waived						
OIL and GREASE	ND	mg/l	ND	mg/l	1	EPA 1664	5.0 mg/l
PHOSPHORUS (Total)	N/A-Waived						
TOTAL DISSOLVED SOLIDS (TDS)	N/A- Waived						
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Terry Tilley, Town Manager

Signature: Terry Tilley Terry Tilley

Telephone number: (276) 694-3811

Date signed: 3-18-08 5-15-08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

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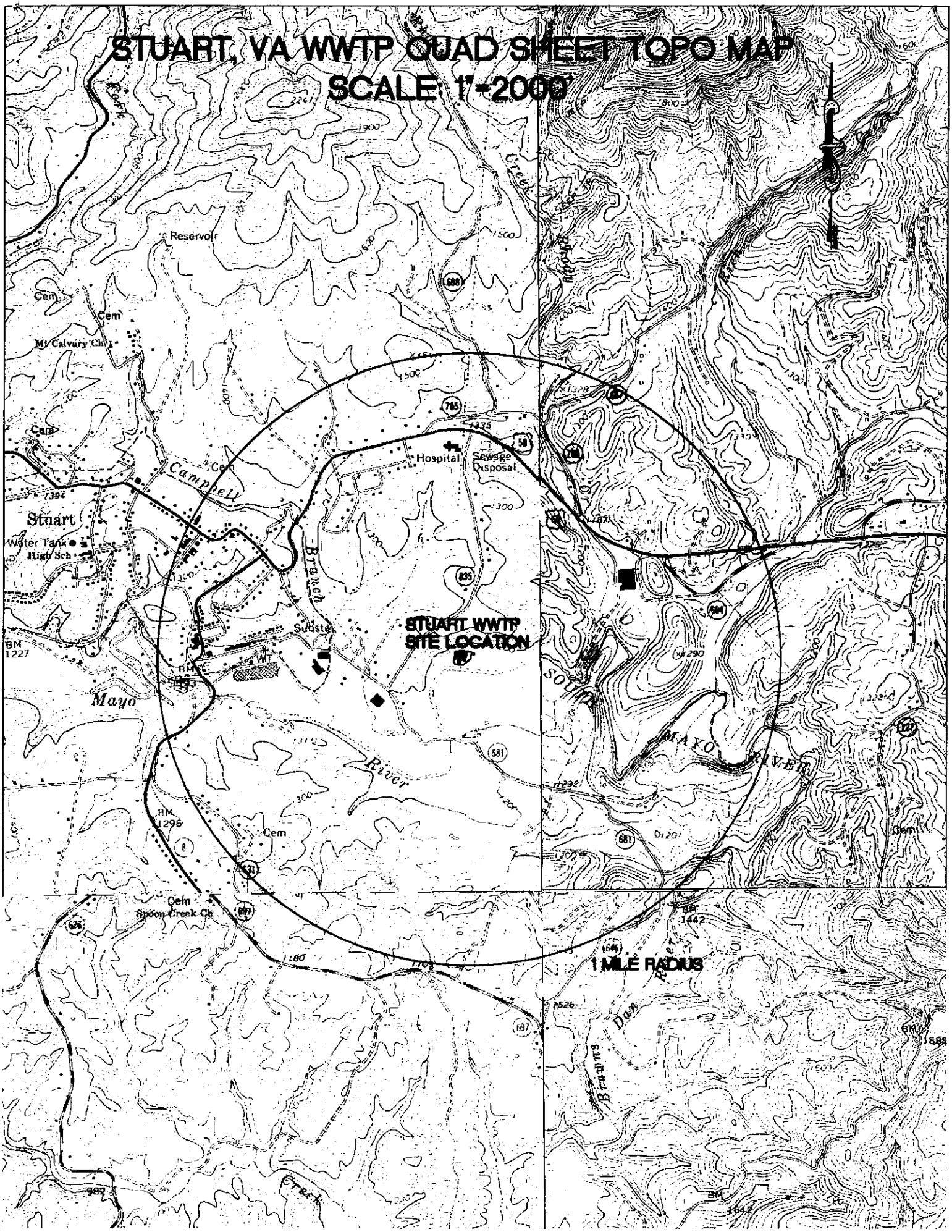
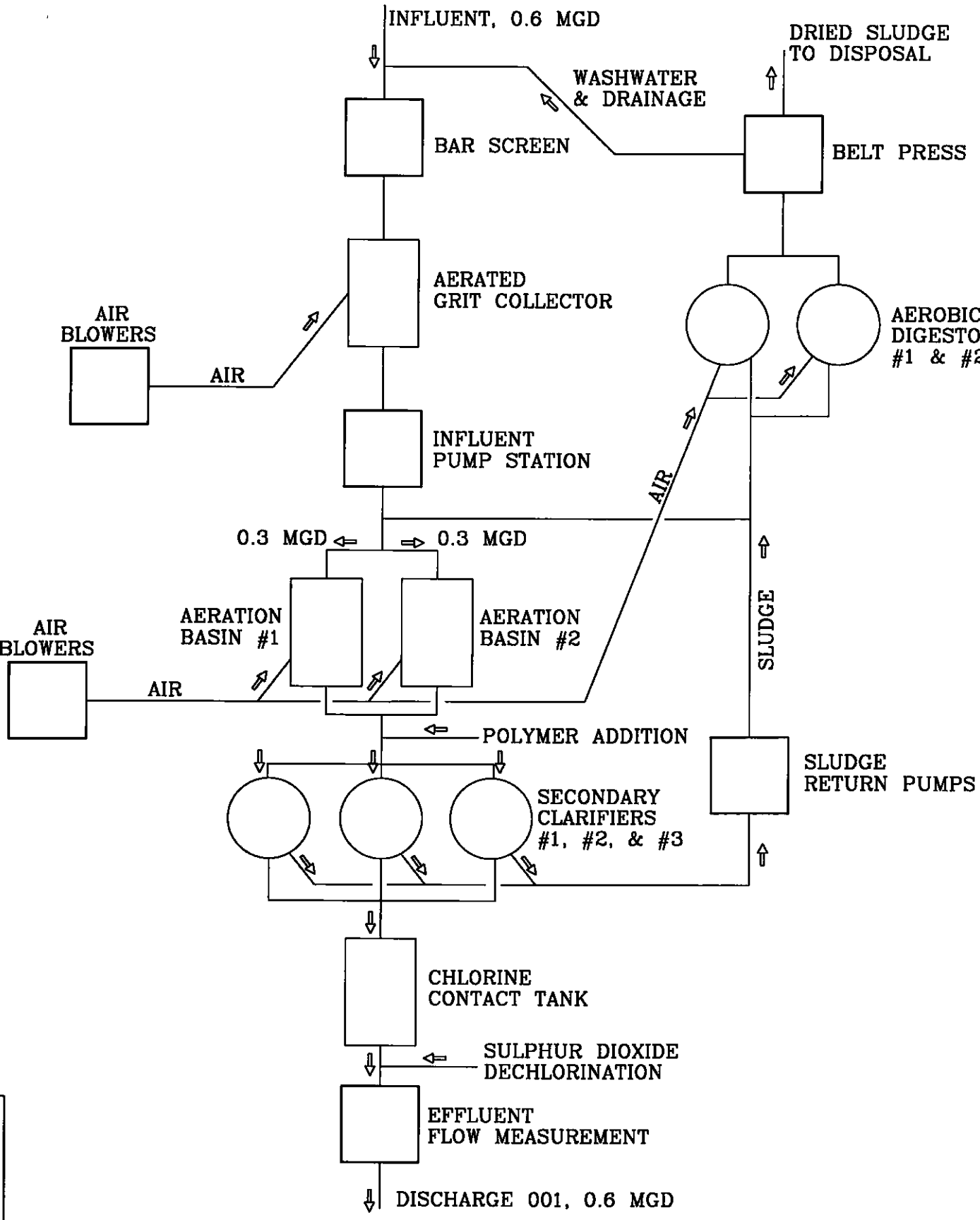

STUART, VA WWTP QUAD SHEET TOPO MAP
SCALE: 1"=2000'
STUART WWTP
SITE LOCATION
1 MILE RADIUS
Stuart
Water Tank
High Sch
Reservoir
Mt Calvary Ch
Cem
Hospital
Sewage
Disposal
Campbell
Branch
Substa
Mayo
River
MAYO
RIVER
Spoon Creek Ch
Creek
BM
1227
1295
1442



FILENAME: VPDESWTP.dwg

ADAMS-HEATH ENGINEERING, INC.
CIVIL - ENVIRONMENTAL
Tel: (276)236-4588 Fax: (276)236-0458
119 North Main Street
Galax, Virginia 24333

TREATMENT SCHEMATIC
VPDES PERMIT APPLICATION
TOWN OF STUART, VIRGINIA

FIGURE 2
NO SCALE

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SUPPLEMENTAL APPLICATION INFORMATION

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PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
ARSENIC	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
BERYLLIUM	N/A- Waived										
CADMIUM	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
CHROMIUM	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
COPPER	0.0108	mg/l			0.0096	mg/l			1	EPA 200.7	0.0050 mg/l
LEAD	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
MERCURY	ND	mg/l			ND	mg/l			1	EPA 245.1	0.001 mg/l
NICKEL	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
SELENIUM	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
SILVER	ND	mg/l			ND	mg/l			1	EPA 200.7	0.02 mg/l
THALLIUM	N/A-Waived										
ZINC	0.156	mg/l			0.156	mg/l			1	EPA 200.7	0.02 mg/l
CYANIDE	ND	mg/l			ND	mg/l			1	EPA 335.4	0.02 mg/l
TOTAL PHENOLIC COMPOUNDS	ND	mg/l			ND	mg/l			1	EPA 420.1	0.01 mg/l
HARDNESS (AS $CaCO_3$)	63.0	mg/l			63.0	mg/l			1	SM 2340 B	1.0 mg/l
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/l			ND	ug/l			1	EPA 624	50 ug/l
ACRYLONITRILE	ND	ug/l			ND	ug/l			1	EPA 624	50 ug/l
BENZENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
BROMOFORM	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
CARBON TETRACHLORIDE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
CLOROBENZENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
CHLORODIBROMO-METHANE	ND	ug/l			ND	ug/l			1	EPA 624	25 ug/l
CHLOROETHANE	N/A-Waived										
2-CHLORO-ETHYLVINYL ETHER	N/A-Waived										
CHLOROFORM	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
DICHLOROBROMO-METHANE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
1,1-DICHLOROETHANE	N/A-Waived										
1,2-DICHLOROETHANE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
1,1-DICHLOROETHYLENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
1,2-DICHLOROPROPANE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
1,3-DICHLORO-PROPYLENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
ETHYLBENZENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
METHYL BROMIDE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
METHYL CHLORIDE	N/A-Waived										
METHYLENE CHLORIDE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
1,1,2,2-TETRACHLORO-ETHANE	N/A-Waived										
TETRACHLORO-ETHYLENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
TOLUENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l

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FACILITY NAME AND PERMIT NUMBER:
Town of Stuart WWTP VA 0022985

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE	N/A-Waived										
1,1,2-TRICHLOROETHANE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
TRICHLORETHYLENE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
VINYL CHLORIDE	ND	ug/l			ND	ug/l			1	EPA 624	5 ug/l
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
Other Parameters- See Attached											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	N/A-Waived										
2-CHLOROPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2,4-DICHLOROPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2,4-DIMETHYLPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
4,6-DINITRO-O-CRESOL	N/A-Waived										
2,4-DINITROPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2-NITROPHENOL	N/A-Waived										
4-NITROPHENOL	N/A Waived										
PENTACHLOROPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
PHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2,4,6-TRICHLOROPHENOL	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
ACENAPHTHYLENE	N/A- Waived										
ANTHRACENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
BENZIDINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
BENZO(A)ANTHRACENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
BENZO(A)PYRENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l

FACILITY NAME AND PERMIT NUMBER:
Town of Stuart WWTP VA 0022985

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE	N/A- Waived										
BENZO(GHI)PERYLENE	N/A-Waived										
BENZO(K)FLUORANTHENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
BIS (2-CHLOROETHOXY) METHANE	N/A- Waived										
BIS (2-CHLOROETHYL)-ETHER	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
BIS (2-CHLOROISO-PROPYL) ETHER	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
BIS (2-ETHYLHEXYL) PHTHALATE	0.0127	mg/l			0.0127	mg/l			1	EPA 625	0.0103 mg/ l
4-BROMOPHENYL PHENYL ETHER	N/A- Waived										
BUTYL BENZYL PHTHALATE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
2-CHLORONAPHTHALENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
4-CHLORPHENYL PHENYL ETHER	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
CHRYSENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
DI-N-BUTYL PHTHALATE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
DI-N-OCTYL PHTHALATE	N/A-Waived										
DIBENZO(A,H) ANTHRACENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
1,2-DICHLOROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
1,3-DICHLOROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
1,4-DICHLOROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
3,3-DICHLOROBENZIDINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
DIETHYL PHTHALATE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
DIMETHYL PHTHALATE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2,4-DINITROTOLUENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
2,6-DINITROTOLUENE	N/A-Waived										
1,2-DIPHENYLHYDRAZINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l

FACILITY NAME AND PERMIT NUMBER:
Town of Stuart WWTP VA 0022985

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
FLUORENE	N/A-Waived										
HEXACHLOROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
HEXACHLOROBUTADIENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
HEXACHLOROCYCLO-PENTADIENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
HEXACHLOROETHANE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/ l
INDENO(1,2,3-CD)PYRENE	ND	mgl			ND	mg/l			1	EPA 625	0.0103 mg/l
ISOPHORONE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
NAPHTHALENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
NITROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
N-NITROSODI-N-PROPYLAMINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
N-NITROSODI- METHYLAMINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
N-NITROSODI-PHENYLAMINE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
PHENANTHRENE	N/A-Waived										
PYRENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l
1,2,4-TRICHLOROBENZENE	ND	mg/l			ND	mg/l			1	EPA 625	0.0103 mg/l

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Other Parameters- See Attached Results											

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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REI Consultants, Inc. **Analytical Results** **Date:** *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
HARDNESS			**SM2340 B**			Analyst: **JD**	
Hardness, Total (As CaCO3)	63.0	mg/L		1.00	NA	02/07/08 9:10 AM	02/07/08 1:45 PM
SEMIVOLATILE ORGANIC COMPOUNDS			**E625**			Analyst: **CLS**	
Acenaphthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzidine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(a)anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(a)pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(k)fluoranthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-chloroethyl)ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-chloroisopropyl)ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-ethylhexyl)phthalate	0.0127	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Butyl benzyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2-Chloronaphthalene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2-Chlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
4-Chlorophenyl phenyl ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Chrysene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Dibenzo(a,h)anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Di-n-butyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,3-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,4-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
3,3'-Dichlorobenzidine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dichlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Diethyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Dimethyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dimethylphenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dinitrophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dinitrotoluene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2-Diphenylhydrazine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Fluoranthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Fluorene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorobutadiene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorocyclopentadiene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachloroethane	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Indeno(1,2,3-cd)pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Isophorone	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Naphthalene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL
PQL Practical Quantitation Limit
TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits
* Value exceeds Maximum Contaminant Level

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REI Consultants, Inc. **Analytical Results** **Date:** *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
SEMIVOLATILE ORGANIC COMPOUNDS			**E625**			Analyst: **CLS**	
Nitrobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodimethylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodiphenylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodi-n-propylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Pentachlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Phenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2,4-Trichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4,6-Trichlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2-Fluorophenol	47.7	%REC		21-110	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: Phenol-d5	32.7	%REC		10-110	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2,4,6-Tribromophenol	90.1	%REC		10-123	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: Nitrobenzene-d5	93.9	%REC		35-114	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2-Fluorobiphenyl	79.0	%REC		43-116	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 4-Terphenyl-d14	85.4	%REC		33-141	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
VOLATILE ORGANIC COMPOUNDS			**E624**			Analyst: **AS**	
Bromochloromethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Benzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Acrolein	ND	µg/L		50.0	NA		02/07/08 12:11 PM
Bromodichloromethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Acrylonitrile	ND	µg/L		50.0	NA		02/07/08 12:11 PM
Bromoform	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Bromomethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Carbon tetrachloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Chlorobenzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Chloroform	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Dibromochloromethane	ND	µg/L		25.0	NA		02/07/08 12:11 PM
1,2-Dichloroethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,1-Dichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
trans-1,2-Dichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,2-Dichloropropane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
cis-1,3-Dichloropropene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
trans-1,3-Dichloropropene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Ethylbenzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Methylene chloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Tetrachloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Toluene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,1,2-Trichloroethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL
PQL Practical Quantitation Limit
TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers:
B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits
* Value exceeds Maximum Contaminant Level

REI Consultants, Inc. **Analytical Results** **Date:** *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
VOLATILE ORGANIC COMPOUNDS			**E624**			Analyst: **AS**	
Trichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Vinyl chloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Surr: Dibromofluoromethane	95.5	%REC		80-120	NA		02/07/08 12:11 PM
Surr: 1,2-Dichloroethane-d4	84.4	%REC		80-120	NA		02/07/08 12:11 PM
Surr: Toluene-d8	101	%REC		88-110	NA		02/07/08 12:11 PM
Surr: 4-Bromofluorobenzene	101	%REC		86-115	NA		02/07/08 12:11 PM
CYANIDE			**E335.4**			Analyst: **BA**	
Cyanide, Total	ND	mg/L		0.020	NA		02/08/08 12:30 PM
PHENOLICS			**E420.1**			Analyst: **BA**	
Phenolics	ND	mg/L		0.010	NA		02/07/08 12:45 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL
PQL Practical Quantitation Limit
TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits
* Value exceeds Maximum Contaminant Level

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REI Consultants, Inc. **Analytical Results** **Date:** *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001/FIELD FILTERED	**Lab ID:**	0802198-01B
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			**E200.7**			Analyst: **JD**	
Antimony	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Arsenic	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Cadmium	ND	mg/L		0.0010	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Chromium	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Copper	0.0080	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Lead	ND	mg/L		0.0100	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Nickel	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Selenium	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Silver	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Zinc	0.156	mg/L		0.0200	NA	02/07/08 9:10 AM	02/11/08 9:40 AM
MERCURY, TOTAL			**E245.1**			Analyst: **AB**	
Mercury	ND	mg/L		0.0010	NA	02/07/08 9:31 AM	02/08/08 11:15 AM

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B	Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E	Estimated Value above quantitation range
	NA	Not Applicable		H	Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S	Spike/Surrogate Recovery outside accepted recovery limits
	PQL	Practical Quantitation Limit		*	Value exceeds Maximum Contaminant Level
	TIC	Tentatively Identified Compound, Estimated Concentration			

FACILITY NAME AND PERMIT NUMBER:	
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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

5 chronic 5 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
[redacted]			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✔ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: See Attached (MM/DD/YYYY)

Summary of results: (see instructions)

Annual reports were submitted to DEQ each year during the period 2003-2007. The summary sheet to each annual report is attached.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

series for the chronic tests included: Control, 0.5%, 2.0%, 7.2% (instream waste concentration), 27%, and 100% effluent.

III. RESULTS

All data generated during testing are contained in the attached appendices. The results of this testing indicate that the effluent was not acutely toxic to fathead minnows as indicated by 80% test organism survival in the 100% effluent test solutions. Chronic exposure to the effluent did not significantly affect *Ceriodaphnia* survival or reproduction. The median lethal concentration (LC_{50}), no observed effect concentration (NOEC), Acute Toxicity Unit (TU_a), and Chronic Toxicity Unit (TU_c) values for these tests are as follows:

Fathead Minnow Acute Test	LC_{50} >100% effluent TU_a < 1.0
Ceriodaphnia Chronic Test - Survival	NOEC = 100% effluent TU_c = 1.0
Ceriodaphnia Chronic Test - Reproduction	NOEC = 100% effluent TU_c = 1.0

IV. COMMENTS

Monthly acute and chronic reference toxicity test data for fathead minnows and *Ceriodaphnia* were submitted to the Department of Environmental Quality under separate cover. The results of these tests, conducted in October 2003 using sodium chloride as the reference toxicant, showed test organisms sensitivities to remain within the expected ranges. The NOEC values for the reference testing are summarized in Appendix 6.

No deviations from standard procedures occurred during testing. In accordance with permit requirements, annual testing should be continued.

EXCERPT FROM FOURTH ANNUAL ACUTE AND CHRONIC TOXICITY TESTING FOR TOWN OF STUART WWTP REPORT DATED 11/17/03 AND COMPLETED BY PROCHEM ANALYTICAL, INC.

SECTION 3.0

RESULTS

All data generated during testing are contained in Appendices 5 and 6. The results of this testing indicated that the effluent from Outfall 001 was not acutely toxic to fathead minnows as evidenced by complete test organism survival in all test concentrations. The results of chronic testing showed that exposure to the effluent did not significantly affect survival of the *Ceriodaphnia*; however, their reproduction was significantly affected in the 100% effluent test concentration. The 48-hour median lethal concentration (LC_{50}), No Observed Effect Concentration (NOEC), Acute Toxicity Unit (TU_a), Chronic Toxicity Unit (TU_c), and 25th percentile inhibition concentration (IC_{25}) values for these tests are as follows:

Fathead Minnow Acute Test	LC_{50} >100% effluent TU_a < 1.0
Ceriodaphnia Chronic Test - Survival	NOEC = 100% effluent TU_c = 1.0
Ceriodaphnia Chronic Test - Reproduction	NOEC = 27% effluent TU_c = 3.7 IC_{25} > 100% effluent

EXCERPT FROM 11/10/04 ANNUAL ACUTE AND CHRONIC TOXICITY TESTING REPORT COMPLETED BY OLVER, INC.

SECTION 3.0

RESULTS

All data generated during testing are contained in Appendices 5 and 6. The results of this testing indicated that the effluent from Outfall 001 was not acutely toxic to fathead minnows as evidenced by 90% to 100% test organism survival in all test concentrations. The results of chronic testing showed that exposure to the effluent did not significantly affect survival of the *Ceriodaphnia*; however, their reproduction was significantly affected in the two highest effluent test concentrations of 100% and 27%. The 48-hour median lethal concentration (LC_{50}), No Observed Effect Concentration (NOEC), Acute Toxicity Unit (TU_a), Chronic Toxicity Unit (TU_c), and 25th percentile inhibition concentration (IC_{25}) values for these tests are as follows:

Fathead Minnow Acute Test	LC_{50} >100% effluent TU_a < 1.0
Ceriodaphnia Chronic Test - Survival	NOEC = 100% effluent 48-Hour LC_{50} > 100% effluent TU_c = 1.0
Ceriodaphnia Chronic Test - Reproduction	NOEC = 7.2% effluent TU_c = 13.9 IC_{25} = 33.0% effluent

EXCERPT FROM 11/07/05 ANNUAL ACUTE AND CHRONIC TOXICITY TESTING REPORT COMPLETED BY OLVER, INC.

SECTION 3.0

RESULTS

All data generated during testing are contained in Appendices 5 and 6. The results of this testing indicated that the effluent from Outfall 001 was not acutely toxic to fathead minnows. The results of chronic testing showed that exposure to the effluent did not significantly affect survival or reproduction of the *Ceriodaphnia*.

The 48-hour median lethal concentration (LC_{50}), No Observed Effect Concentration (NOEC), Acute Toxicity Unit (TU_a), Chronic Toxicity Unit (TU_c), and 25th percentile inhibition concentration (IC_{25}) values for these tests are as follows:

Fathead Minnow Acute Test	LC_{50} >100% effluent TU_a < 1.0
Ceriodaphnia Chronic Test - Survival	NOEC = 100% effluent 48-Hour LC_{50} > 100% effluent TU_c = 1.0
Ceriodaphnia Chronic Test - Reproduction	NOEC = 100% effluent TU_c = 1.0 IC_{25} >100% effluent

EXCERPT FROM 10/05/06 ANNUAL ACUTE AND CHRONIC TOXICITY TESTING REPORT COMPLETED BY OLVER, INC.

SECTION 3.0

RESULTS

All data generated during testing are contained in Appendices 5 and 6. The results of this testing indicated that the effluent from Outfall 001 was not acutely toxic to fathead minnows. The results of chronic testing showed that exposure to the effluent did not significantly affect survival or reproduction of the *Ceriodaphnia*.

The 48-hour median lethal concentration (LC_{50}), No Observed Effect Concentration (NOEC), Acute Toxicity Unit (TU_a), Chronic Toxicity Unit (TU_c), and 25th percentile inhibition concentration (IC_{25}) values for these tests are as follows:

Fathead Minnow Acute Test	LC_{50} >100% effluent TU_a < 1.0
Ceriodaphnia Chronic Test - Survival	NOEC = 100% effluent 48-Hour LC_{50} > 100% effluent TU_c = 1.0
Ceriodaphnia Chronic Test - Reproduction	NOEC = 100% effluent TU_c = 1.0 IC_{25} >100% effluent

EXCERPT FROM 10/04/07 ANNUAL ACUTE AND CHRONIC TOXICITY TESTING REPORT COMPLETED BY OLVER, INC.

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FACILITY NAME AND PERMIT NUMBER:
Town of Stuart WWTP VA 0022985

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✔ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2

b. Number of CIUs. ___

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: United Elastic/ Narrowflex

Mailing Address: P.O. Box 519
Stuart, Virginia 24171

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Narrow elastic and nonelastic fabric manufacturer

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Elastic and nonelastic fabrics

Raw material(s): Textiles

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

100,000 gpd (___ continuous or ✔ intermittent) Maximum permitted amount

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

Est 2,000 gpd (___ continuous or ✔ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✔ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✔ No

If subject to categorical pretreatment standards, which category and subcategory?

___

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✔ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2

b. Number of CIUs. ___

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Micrometrics Systems, Inc.

Mailing Address: 2900 West Route 58
Meadows of Dan, Virginia 24120

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Engraved Plates

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Engraved Plates

Raw material(s): Metal

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,000 gpd (___ continuous or ✔ intermittent) Maxiumum permitted amount

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd (___ continuous or ✔ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✔ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✔ No

If subject to categorical pretreatment standards, which category and subcategory?

___

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✔ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✔ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✔ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	
Town of Stuart WWTP	VA 0022985

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✔ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✔ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✔ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTAL INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: **Town of Stuart**
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

   x a. Existing discharge

   ___ b. Proposed discharge

   ___ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? Y / N **Yes**

2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? **4811-( ) - - 82**

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? **0**

4. What is the total acreage of the property on which the treatment plant is located? **8.338** acres

5. Give the minimum elevation of the treatment plant site. **1156** feet

6. Flood elevations of the treatment plant site:
   25 year flood **1154** feet
   100 year flood **1158** feet

7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:

   a. Treatment Plant
   b. Discharge point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      i. Residence
      ii. Distribution line for potable water supply **SEE ATTACHED**
      iii. Reservoir, well, or other source of water supply
      iv. Recreational area
   f. Distance from the discharge point to the nearest:
      (Indicates "not applicable" for any distance greater than 15 miles)
      i. Downstream community
      ii. Upstream and downstream water intake points
      iii. Shellfishing waters
      iv. Wetlands area
      v. Downstream impoundment
      vi. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

Raw wastewater flows to the plant by gravity, passes through a mechanical bar screen and aerated grit collector, then to the influent pump station. Flow is pumped to two (2) aeration basins mixed w/ diffused air. Flow is split to three secondary clarifiers followed by chlorination then dechlorination and is discharged. Sludge is wasted to two (2) aerobic sludge digesters and is dewatered by a belt press.

2. What is the design average flow of this facility? **0.6** MGD
Industrial facilities: What is the max. 30-day avg. production level (include units)? _____ MGD

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N **No**

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater:

Municipal Sewer System

_____ % of flow from domestic connections/sources
Number of privates residences to be served by the wastewater treatment facilities:
_____ 0 _____ 1-49 **X** 50 or more

25 % of flow from non-domestic connections/ sources

5. Mode of discharge: **X** Continuous _____ Intermittent _____ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
_____

6. Identify the characteristics of receiving stream at the point just above the facility's discharge point:
X Permanent stream, never dry
_____ Intermittent stream, usually flowing, sometimes dry
_____ Ephemeral stream, wet-weather flow, often dry
_____ Effluent-dependent stream, usually or always dry
_____ Lake or pond at or below the discharge point
_____ Other: _____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed/ Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: _____ MGD

Anticipated Date of Construction Completion: _____, _____
Month Year

Years after Completion	Projected Flows (MGD)
0	
5	
10	
15	**NOT APPLICABLE**
20	
25	
30	

E. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

_____ Yes ____**X**____ No

Is so, provide the estimated date to be discontinued (month, year) _____, and the name and location of the intended replacement facility.

_____
Name/ Location

FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER: VA0022985**

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

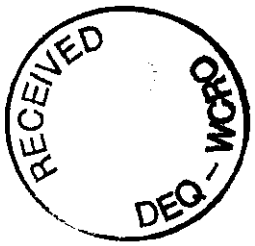
2. Will this facility generate sewage sludge? _X_ Yes ___No

   Will this facility derive a material from sewage sludge? ___Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? _X_ Yes ___No

   Will sewage sludge from this facility be applied to the land? _X_ Yes ___No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   ___Yes _X_ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ___Yes _X_ No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ___Yes _X_ No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ___Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER:** VA0022985

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Town of Stuart Wastewater Treatment Plant
   b. Contact person: Marion C. Slate
      Title: Superintendent – Water & Wastewater
      Phone: (276) 694-4477
   c. Mailing address:
      Street or P.O. Box: P.O. Box 422
      City or Town: Stuart State: VA Zip: 24171
   d. Facility location:
      Street or Route #: 709 Commerce Street
      County: Patrick County
      City or Town: Stuart State: VA Zip: 24171
   e. Is this facility a Class I sludge management facility? X Yes ___No
   f. Facility design flow rate: 0.6 mgd
   g. Total population served: 1,000 +/-
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Town of Stuart
   b. Mailing address:
      Street or P.O. Box: P.O. Box 422
      City or Town: Stuart State: VA Zip: 24171
   c. Contact person: Terry Tilley
      Title: Town Manager
      Phone: (276) 694-3811
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner X operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      X facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0022985
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
      Permit Number: Type of Permit:
      _____
      _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes X No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X_No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address:
   Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone: ( )
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic		SEE	ATTACHED	
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   _X_ Section A (General Information)
   ___ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   _X_ Section C (Land Application of Bulk Sewage Sludge)
   ___ Section D (Surface Disposal)

Report Number:
R06269-8001
Account Number:
71277

A&L EASTERN LABORATORIES, INC.

7621 Whitepine Road • Richmond, Virginia 23237
(804) 743-9401 • Fax No. (804) 271-6446

TO: TOWN OF STUART
POB 422
STUART, VA 24171

FOR: PO #5531

COPY: PETE SLATE

REPORT OF ANALYSIS

LAB NUMBER: 44169
SAMPLE ID: SLUDGE

DATE SAMPLED: 9/22/2006
DATE RECEIVED: 9/25/2006 1115
DATE REPORTED: 9/28/2006 PAGE: 1

PARAMETER	RESULT (%)	RESULT (mg/kg)	DETECTION LIMIT (mg/kg*)	ANALYST	ANALYSIS DATE	ANALYSIS TIME	METHOD
Solids, Total (As is)	18.17	181700	100	RD	09/25/06	16:00	SM 2540G
Nitrogen, Total Kjeldahl	5.38	53800	100	JM	09/26/06	16:00	EPA 351.3
Phosphorus	1.69	16900	100	JM	09/27/06	16:00	SW 846-6010B
Potassium	0.19	1900	100	JM	09/27/06	16:00	SW 846-6010B
Copper		668	1	JM	09/27/06	15:00	SW 846-6010B
Zinc		1200	1	JM	09/27/06	16:00	SW846-6010B
Nitrogen, Ammonia (as N)	0.20	2000	10	JM	09/26/06	14:00	EPA 350.2
Nitrogen, Organic (N)	5.18	51800	100	DCH			CALCULATION
Nitrogen, NO3+NO2		13	1	KS	09/26/06	15:00	SM 4500-NO3F
Cadmium		3.0	1	JM	09/27/06	16:00	SW 846-6010B
Nickel		26	5	JM	09/27/06	16:00	SW 846-6010B
Lead		45	5	JM	09/27/06	16:00	SW 846-6010B
Arsenic		1.5	0.1	KM	09/27/06	15:00	SW 846-7061A
Mercury		3.0	0.2	KM	09/27/06	15:00	SW 846-7471A
Selenium		3.2	0.1	KM	09/27/06	15:00	SW 846-7741A
pH (Std. Unit, As is)	7.3		0.01	RD	09/26/06	12:30	SW 846-9045C
Molybdenum		5	5	JM	09/27/06	16:00	SW 846-6010B
Alkalinity		23319	1	JM	09/26/06	11:00	EPA 310.1

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MAY 13 2008

All values are on a dry weight basis except as noted. *Detection Limit on all N series is on a wet basis.

Paul Chu
PAUL C. H. CHU

Report Number:
R07072-8015
Account Number:
71277

A&L EASTERN LABORATORIES, INC.

7621 Whitepine Road • Richmond, Virginia 23237-2296
Phone (804) 743-9401 • Fax (804) 271-6446
Website: www.al-labs-eastern.com • E-mail: office@al-labs-eastern.com

TO: TOWN OF STUART
POB 422
STUART, VA 24171

FOR: STUART WWTP SLUDGE

COPY: TOWN OF STUART

LAB NUMBER: 41397
SAMPLE ID: STUART WWTP SLUDGE

REPORT OF ANALYSIS

DATE SAMPLED: 3/12/2007
DATE RECEIVED: 3/13/2007 1000
DATE REPORTED: 3/16/2007 PAGE: 1

PARAMETER	RESULT (%)	RESULT (mg/kg)	DETECTION LIMIT (mg/kg*)	ANALYST	ANALYSIS DATE	ANALYSIS TIME	METHOD
Solids, Total (As is)	16.17	161700	100	JM	03/13/07	16:00	SM 2540G
Nitrogen, Total Kjeldahl	5.92	59200	100	MW	03/14/07	16:00	EPA 351.3
Phosphorus	1.81	18100	100	JM	03/14/07	16:00	SW 846-6010B
Potassium	0.24	2400	100	JM	03/14/07	16:00	SW 846-6010B
Copper		817	1	JM	03/14/07	15:00	SW 846-6010B
Zinc		1290	1	JM	03/14/07	16:00	SW846-6010B
Nitrogen, Ammonia (as N)	0.17	1700	10	MW	03/14/07	14:00	EPA 350.2
Nitrogen, Organic (N)	5.75	57500	100	DCH			CALCULATION
Nitrogen, NO3+NO2		10	1	DH	03/14/07	15:00	SM 4500-NO3F
Cadmium		2.0	1	JM	03/14/07	16:00	SW 846-6010B
Nickel		25	5	JM	03/14/07	16:00	SW 846-6010B
Lead		59	5	JM	03/14/07	16:00	SW 846-6010B
Arsenic		1.4	0.2	KM	03/15/07	15:00	SW 846-7061A
Mercury		1.7	0.4	KM	03/14/07	15:00	SW 846-7471A
Selenium		5.4	0.2	KM	03/15/07	15:00	SW 846-7741A
pH (Std. Unit, As is)	7.1		0.01	RD	03/14/07	12:30	SW 846-9045C
Molybdenum		< 5	5	JM	03/14/07	16:00	SW 846-6010B
Alkalinity		17069	1	MW	03/14/07	11:00	EPA 310.1

All values are on a dry weight basis except as noted. *Detection Limit on all N series is on a wet basis

Paul Chu
PAUL C. H. CHU

Report Number:
R07270-8010
Account Number:
71277

A&L EASTERN LABORATORIES, INC.

7621 Whitepine Road • Richmond, Virginia 23237-2214
Phone (804) 743-9401 • Fax (804) 271-6446
Website: www.al-labs-eastern.com • E-mail: office@al-labs-eastern.com

TO: TOWN OF STUART
POB 422
STUART, VA 24171

FOR: PO#5682 STUART WWTP

COPY: PETE SLATE JR

REPORT OF ANALYSIS

LAB NUMBER: 44769
SAMPLE ID: SEWAGE WWTP

DATE SAMPLED: 9/26/2007
DATE RECEIVED: 9/27/2007 1000
DATE REPORTED: 10/4/2007 PAGE: 1

PARAMETER	RESULT (%)	RESULT (mg/kg)	DETECTION LIMIT (mg/kg*)	ANALYST	ANALYSIS DATE	ANALYSIS TIME	METHOD
Solids, Total (As is)	19.16	191600	100	JM	09/27/07	16:00	SM 2540G
Nitrogen, Total Kjeldahl	5.32	53200	10	MW	09/28/07	16:00	EPA 351.3
Phosphorus	1.61	16100	100	JM	09/28/07	16:00	SW 846-3051/6010B
Potassium	0.19	1900	100	JM	09/28/07	16:00	SW 846-3051/6010B
Copper		562	1	JM	09/28/07	15:00	SW 846-3051/6010B
Zinc		1150	1	JM	09/28/07	16:00	SW 846-3051/6010B
Nitrogen, Ammonia (as N)	0.03	300	10	MW	09/28/07	14:00	EPA 350.2
Nitrogen, Organic (N)	5.29	52900	100	DCH			CALCULATION
Nitrogen, NO3+NO2		1153	1	KS	10/02/07	15:00	SM 4500-NO3F
Cadmium		< 5	5	JM	09/28/07	16:00	SW 846-3051/6010B
Nickel		20	5	JM	09/28/07	16:00	SW 846-3051/6010B
Lead		37	5	JM	09/28/07	16:00	SW 846-3051/6010B
Arsenic		2.9	1.0	JM	09/28/07	15:00	SW 846-6010B
Mercury		3.5	0.4	KM	09/28/07	15:00	SW 846-7471A
Selenium		5.3	1.0	JM	09/28/07	15:00	SW 846-6010B
pH (Std. Unit, As is)	5.95		0.01	RD	09/28/07	12:30	SW 846-9045C
Calcium Carbonate Equiv (CCE)	< 0.01	0	100	MW	09/28/07	15:00	AOAC 955.01
Molybdenum		6	5	JM	09/28/07	16:00	SW 846-3051/6010B

All values are on a dry weight basis except as noted. *Detection Limit on all N series is on a wet basis

Paul Chu
PAUL C. H. CHU

REI Consultants, Inc. Analytical Results

Date: *29-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	SEWER SLUDGE	**Lab ID:**	0804B89-05A
Project:	PERMIT APPLICATION	**Collection Date:**	4/15/2008
Site ID:		**Matrix:**	SLUDGE

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
PERCENT MOISTURE			**SM2540 B**			Analyst: **CL**	
Percent Moisture	81	wt%		0.5	NA		04/23/08 12:00 AM
PCBS			**SW8082**			Analyst: **CLS**	
Aroclor 1016	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1221	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1232	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1242	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1248	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1254	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1260	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Surr: Tetrachloro-m-xylene	95.5	%REC		30-130	NA	04/23/08 2:31 PM	04/24/08 5:18 AM

PCB

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E Estimated Value above quantitation range
	NA	Not Applicable		H Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S Spike/Surrogate Recovery outside accepted recovery limits
	PQL	Practical Quantitation Limit		* Value exceeds Maximum Contaminant Level
	TIC	Tentatively Identified Compound, Estimated Concentration		

FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER:** VA0022985

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Terry Tilley, Town Manger

Signature Terry Tilley 5-15-08 Date Signed Terry Tilley 5-15-08

Telephone number (276) 694-3811

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

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FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER: VA0022985**

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 72.71 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: Doe Run Lodge / Groundhog Mountain WWTP
   b. Contact Person: Julia Gillespie / Robert Reed
      Title: Owner Representatives
      Phone (276) 398-2212 / (336) 788-1609
   c. Mailing address:
      Street or P.O. Box: P.O. Box 280 / 527 Groundhog Hills Road
      City or Town: Fancy Gap / Hillsville State: VA Zip: 24328 / 24343
   d. Facility Address: Off of Blue Ridge Parkway near Milepost 189
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility: <1 dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
      Extended aeration packaged wastewater treatment plants. Excess sludge held in aerated holding tanks then hauled to Stuart WWTP by septic tank pumper truck.

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A _X_ Class B __Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      _X_ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: Digested sludge is dewatered using a belt filter press, temporarily stored in a holding building, then disposed of by land application

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
      __Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

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MAR 20 2006

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: 72.71 dry metric tons

b. Do you identify all land application sites in Section C of this application? _X_Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes _X_No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: **Republic Landfill (Upper Piedmont Regional)**

b. Contact person: **Kathy Riggs**
Title:
Phone: **(336) 364-3699**
Contact is: ___Landfill Owner **_X_**Landfill Operator

c. Mailing address.
Street or P.O. Box: **9650 Oxford Road**
City or Town: **Rougemont** State: **North Carolina** Zip: **27572**

d. Landfill location.
Street or Route #: **9650 Oxford Road**
County: **Person**
City or Town: **Rougemont** State: **North Carolina** Zip: **27572**

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
7.47 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

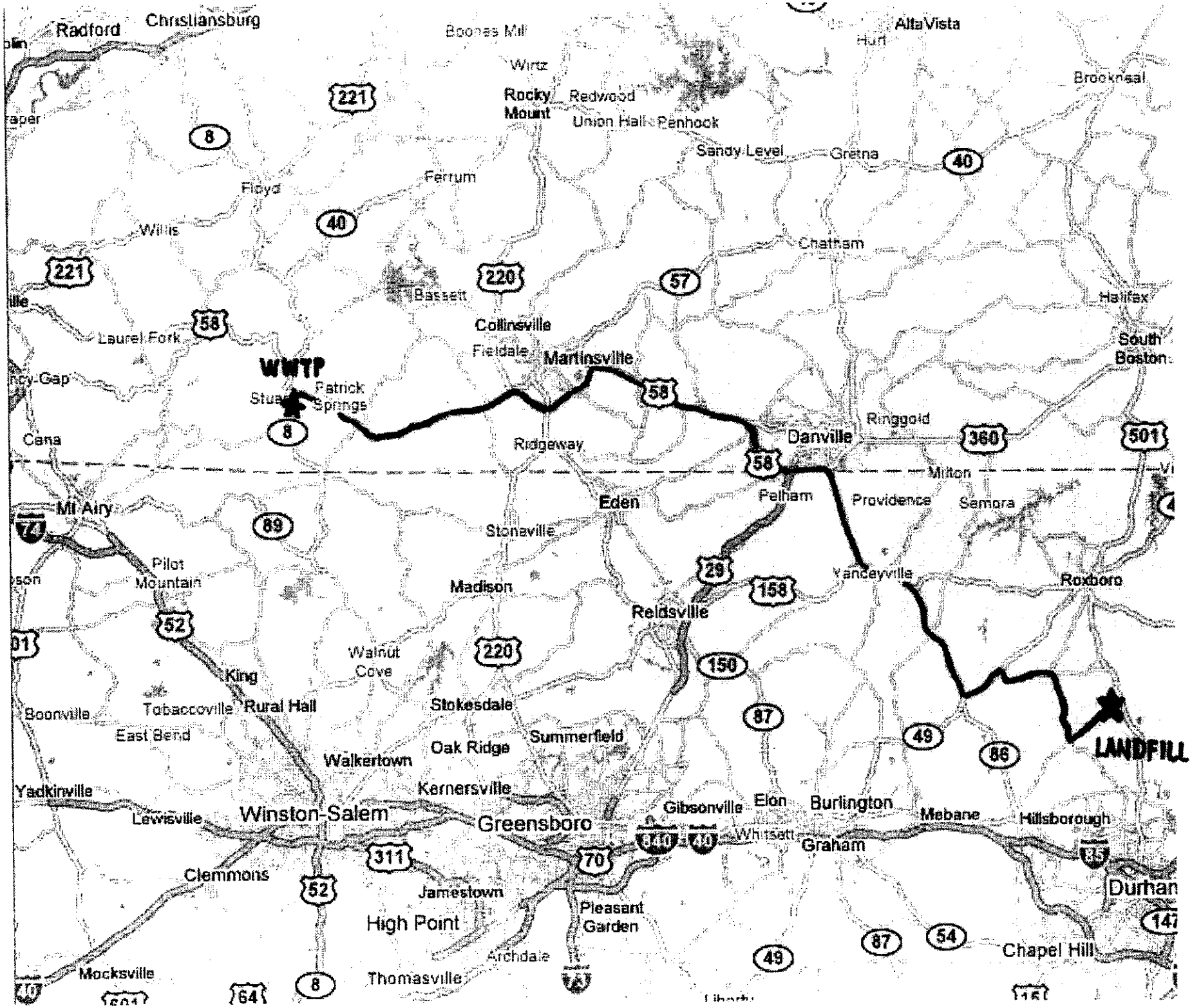
Permit Number:	Type of Permit:
73-04	**MSWLF**

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_X_ Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? **_X_**Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? **_X_** Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

Sludge to be transported to the landfill only during normal hours of operation; 7:00 am- 4:30 pm M-F and 7:00 am – 12:00 pm Saturday. See attached map for haul route.


WWTP
LANDFILL
Radford
Christiansburg
Boones Mill
Wirtz
Rocky Mount
Redwood
Union Hall
Penhook
AltaVista
Hurt
Brookneal
Sandy Level
Gretna
Ferrum
Floyd
Willis
Chatham
Bassett
Collinsville
Fieldale
Martinsville
Halifax
South Boston
Laurel Fork
Patrick Springs
Ridgeway
Danville
Ringgold
Milton
Cana
Mt Airy
Eden
Pelham
Providence
Semora
Stonevile
Pilot Mountain
Madison
Yanceyville
Roxboro
Reidsville
Walnut Cove
King
Tobaccoville
Rural Hall
Boonville
East Bend
Stokesdale
Oak Ridge
Summerfield
Walkertown
Kernersville
Yadkinville
Lewisville
Winston-Salem
Greensboro
Gibsonville
Elon
Burlington
Mebane
Hillsborough
Whitsett
Graham
Clemmons
Jamestown
High Point
Pleasant Garden
Archdale
Thomasville
Mocksville
Chapel Hill
Durham
221
8
40
58
220
57
501
360
89
29
158
52
150
87
49
86
311
70
54
64

FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER:** VA0022985

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:
The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).
Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

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1. Identification of Land Application Site.
   a. Site name or number: K.P. Hill Dairy, Inc.
   b. Site location (Complete i and ii)
      i. Street or Route#: Route 681
      County: Patrick
      City or Town: Stuart State: VA Zip: 24171
      ii. Latitude: 36-38-04 Longitude: 80-15-17
      Method of latitude/longitude determination
      X USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.
   a. Are you the owner of this land application site? ___Yes _X_No
   b. If no, provide the following information about the owner:
      Name: Wayne M. Kirkpatrick
      Street or P.O. Box: Route 5, Box 1525
      City or Town: Stuart State: VA Zip: 24171
      Phone: (276) 694-4449

3. Applier Information:
   a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? _X_Yes ___No
   b. If no, provide the following information for the person who applies the sewage sludge:
      Name:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
      Phone: ( )
   c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:

Permit Number:	Type of Permit:
VA0022985	VPDES

4. Site Type. Identify the type of land application site from among the following:
   _X_Agricultural land ___Reclamation site ___Forest
   ___Public contact site ___Other. Describe

5. Vector Attraction Reduction.
   Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
   ___Yes _X_No If yes, answer a and b.
   a. Indicate which vector attraction reduction option is met:
      ___ Option 9 (Injection below land surface)
      ___ Option 10 (Incorporation into soil within 6 hours)
   b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ___Yes ___No

If no, sewage sludge subject to the CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority:

Contact person:

Phone:( )

b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ___Yes ___No If no, skip the rest of Question 6. If yes, answer questions c - e.

c. Site size, in hectares: _____ (one hectare = 2.471 acres)

d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name:

Facility contact:

Title:

Phone: ( )

Mailing address.

Street or P.O. Box:

City or Town:_____ State:_____ Zip:

e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	
Cadmium	_____	
Copper	_____	
Lead	_____	
Mercury	_____	
Nickel	_____	
Selenium	_____	
Zinc	_____	

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)
pH (S. U.)
Percent Solids (%)
Ammonium Nitrogen (mg/kg) ____ SEE ATTACHED SLUDGE ANALYSIS
Nitrate Nitrogen (mg/kg)
Total Kjeldahl Nitrogen (mg/kg)
Total Phosphorus (mg/kg)
Total Potassium (mg/kg)
Alkalinity as $CaCO_3^*$ (mg/kg)

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent $CaCO_3$.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.

1) Water wells, abandoned or operating
2) Surface waters
3) Springs
4) Public water supply(s) SEE ATTACHED
5) Sinkholes
6) Underground and/or surface mines
7) Mine pool (or other) surface water discharge points
8) Mining spoil piles and mine dumps
9) Quarry(s)
10) Sand and gravel pits
11) Gas and oil wells
12) Diversion ditch(s)
13) Agricultural drainage ditch(s)
14) Occupied dwellings, including industrial and commercial establishments
15) Landfills or dumps
16) Other unlined impoundments
17) Septic tanks and drainfields
18) Injection wells
19) Rock outcrops

b. A topographic map of sufficient detail to clearly show the following information:

1) Maximum and minimum percent slopes
2) Depressions on the site that may collect water
3) Drainageways that may attribute to rainfall run-on to or runoff from this site
4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

c. Data and specifications for the storage facility lining material.

d. Plan and cross-sectional views of the storage facility.

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? __Yes _X_No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

a. Provide a general location map for each county which clearly indicates the location of all the land application sites.

b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.

See Attached

c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service
Virginia Field Office
P. O. Box 480 See Attached
White Marsh, VA 23183
TEL: (804)693-6694

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Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

1) Soil symbol
2) Soil series, textural phase and slope range
3) Depth to seasonal high water table See Attached
4) Depth to bedrock
5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

1). Soil symbol
2). Soil series, textural phase and slope range
3). Depth to seasonal high water table
4). Depth to bedrock
5). Estimated soil productivity group (for the proposed crop rotation)

Not Applicable

f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)
Soil pH (std. units)
Cation Exchange Capacity (meq/100g)
Total Nitrogen (ppm)
Organic Nitrogen (ppm)
Ammonia Nitrogen (ppm)
Nitrate Nitrogen (ppm)
Available Phosphorus (ppm)
Exchangeable Potassium (mg/100g)
Exchangeable Sodium (mg/100g)
Exchangeable Calcium (mg/100g)
Exchangeable Magnesium (mg/100g)
Arsenic (ppm)
Cadmium (ppm)
Copper (ppm)
Lead (ppm)
Mercury (ppm)
Molybdenum (ppm)
Nickel (ppm)
Selenium (ppm)
Zinc (ppm)
Manganese (ppm)
Particle Size Analysis or
USDA Textural Estimate (%)

_____ Not Applicable

g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.

Not Applicable

h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

Not Applicable

FACILITY NAME: Town of Stuart WWTP **VPDES PERMIT NUMBER: VA0022985**

SEWAGE SLUDGE APPLICATION AGREEMENT

This sewage sludge application agreement is made on this date _____ between _____, referred to here as "landowner", and _____, referred to here as the "Permittee".

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as _____ ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number _____ which is held by the Permittee.

Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction:

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge;

2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil;

3. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil;

4. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge;

5. Animals shall not be grazed on the land for 30 days after application of sewage sludge;

6. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board;

7. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge;

8. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.

9. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:	Permittee:
_____	_____
Signature	Signature
_____	_____
Mailing Address	Mailing Address

SECTION D. SURFACE DISPOSAL

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.
   a. Unit name or number: NOT APPLICABLE
   b. Unit location
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
   d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____dry metric tons.
   e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.
   f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7}cm/sec? ___Yes ___No If yes, describe the liner or attach a description.

   g. Does the active sewage sludge unit have a leachate collection system? ___Yes ___No
   If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

   h. If you answered no to either f or g, answer the following:
   Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ___Yes ___No If yes, provide the actual distance in meters:
   i. Remaining capacity of active sewage sludge unit, in dry metric tons:_____ dry metric tons
   Anticipated closure date for active sewage sludge unit, if known:_____ (MM/DD/YYYY)
   Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.
   Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ___Yes ___No
   If yes, provide the following information for each such facility, attach additional sheets as necessary.
   a. Facility name:
   b. Facility contact:
   Title:
   Phone: ( )
   c. Mailing address.
   Street or P.O. Box:
   City or Town:_____ State:_____ Zip:
   d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
   Permit Number: Type of Permit:
   _____
   _____
   e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
   ___Class A ___Class B ___Neither or unknown
   f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown

h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:

3. Vector Attraction Reduction.
   a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
      ___ Option 9 (Injection below land surface)
      ___ Option 10 (Incorporation into soil within 6 hours)
      ___ Option 11 (Covering active sewage sludge unit daily)
   b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

4. Ground Water Monitoring.
   a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ___Yes ___No
      If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.
   b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
      ___Yes ___No If yes, submit a copy of the ground water monitoring program with this application.
   c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ___Yes ___No
      If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.
   Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
   ___Yes ___No If yes, submit information to support the request for site-specific pollutant limits with this application.

ITEM #C8 ATTACHMENT

Sludge storage at the Town of Stuart's wastewater treatment plant is provided by a sludge storage building and sludge drying beds, both of which are located on the plant site.

Dewatered sludge is primarily stored in the sludge storage building. The storage building is a pre-engineered metal building with dimensions 56' long x 30' wide. The building has a concrete floor and concrete walls 7'-4" high on three sides. The building roof is 16' above the floor, allowing sludge to be stored to a greater depth. The floor is equipped with a drain line which collects any seepage from the sludge and conveys it back to the plant influent for treatment. Using a 7'-0" sludge depth and 2:1 end slope, the building estimated storage volume is $(42')(7')(30')+.5(14')(7')(30')=10{,}290\ ft^3$

In the event that the sludge storage building is full and additional storage room is needed, the plant's sludge drying beds are used. The plant has three (3) 45' x 20' uncovered drying beds. Dewatered sludge could be heaped onto these beds for storage. The drying beds have an underdrain system to collect any seepage or runoff from the sludge. Using a uniform 3'-0" sludge depth, the drying beds' estimated storage volume is $(3)(45')(20')(3')=8{,}100\ ft^3$

The total estimated combined storage volume of the sludge building and drying beds is about $18{,}390\ ft^3$. The sludge storage building and drying beds are located above the 100-year flood elevation.

Based upon plant records for 2002, the WWTP had a total sludge production of 72.71 dry tons with an average daily plant flow of 0.289 MGD. At permitted capacity of 0.6 MGD, the estimated annual sludge production would be about 150.96 dry tons. Using an estimated specific gravity of 1.25 for the sludge, 18% dewatered solids, the total annual required storage volume could be estimated as (150.96 ton)(2,000 #/ton)/[(0.18)(8.34 lb/MG)(1.25 S.G.)(7.48 gal/cf) $= 21{,}510\ ft^3$. This equates to about $1{,}793\ ft^3$ of sludge produced per month, thus the plant would have about $(21{,}510/1{,}793)=12.0$ months of storage volume.

TOWN OF STUART VPDES PERMIT APPLICATION
SLUDGE PERMIT APPLICATION - PART C.9 ATTACHMENT
Revised May 9, 2008

Filename: STUARTWWTPSLUDGE.xls
Sheetname: 2008 (2)

PLANT/SITE SPECIFIC VALUES

MAX ANNUAL SLUDGE PRODUCTION, dry tons	**150.96**
APPLICATION FREQUENCY, years	**3**

AGRONOMIC APPLICATION RATES, lbs/AC

CROP	PAN
CORN	160
HAY	120

LAND APPLICATION AREA DESCRIPTIONS

SITE	CROP	ACRES
KP HILL-1	CORN	5.0
KP HILL-2	CORN	29.3
KP HILL-3	CORN	8
KP HILL-4	CORN	23.3
	Total Land Application Area	***65.6***

SLUDGE ANALYSIS RESULTS - AVERAGE of THREE SAMPLES

NUTRIENTS, lbs/dry ton	Average	9/22/06	3/12/07	10/4/07
TKN, %	5.54	5.38	5.92	5.32
Ammonia N, %	0.13	0.2	0.17	0.03
Nitrate N, %	0.04	0.0013	0.001	0.115
% Solids	17.83	18.17	16.17	19.16
PAN	***32.03***	***30.72***	***37.67***	***28.52***

METALS

Parameter	*VDH Cumululative Loading Limit* lbs/AC	*Avg. Sludge Sample* Concentration, mg/kg	9/22/06	3/12/07	10/4/07
ARSENIC	27	1.93	1.5	2.9	1.4
CADMIUM	18	3.33	3	5	2
COPPER	1340	682.33	668	562	817
LEAD	270	47.00	45	37	59
MERCURY	16	2.73	3	3.5	1.7
MOLYBDENU	17	5.33	5	6	5
NICKEL	375	23.67	26	20	25
SELENIUM	29	4.63	3.2	5.3	5.4
ZINC	2,500	1,213.33	1200	1150	1290

CALCULATED SITE LIMITATION VALUES

NUTRIENT UPTAKE

Parameter	*Max. Period Sludge Loading, Dry Tons** KP HILL-1	KP HILL-2	*Max. Period Sludge Loading, Dry Tons** KP HILL-3	KP HILL-4	*Combined* Totals
PAN	24.97	109.76	39.96	116.38	***291.08***

*** - NOTE - The period specified is based upon one application every three years**

CUMULATIVE METALS LOADING

Parameter	*Max. Available Lifetime, Years** KP HILL-1	KP HILL-2	*Max. Available Lifetime, Years** KP HILL-3	KP HILL-4	*Combined* Totals
ARSENIC	693.84	4,065.87	1,110.14	3,233.27	***9,103.12***
CADMIUM	268.28	1,572.14	429.25	1,250.20	***3,519.87***
COPPER	97.57	571.75	156.11	454.67	***1,280.09***
LEAD	285.41	1,672.49	456.65	1,330.00	***3,744.55***
MERCURY	290.82	1,704.21	465.31	1,355.23	***3,815.58***
MOLYBDENUM	158.36	928.00	253.38	737.96	***2,077.70***
NICKEL	787.22	4,613.08	1,259.54	3,668.42	***10,328.27***
SELENIUM	310.96	1,822.22	497.54	1,449.07	***4,079.79***
ZINC	102.37	599.87	163.79	477.03	***1,343.05***

*** - NOTE - The lifetime period calculated is based upon one application every three years**

ITEM #10 9

SLUDGE UTILIZATION - AGRICULTURAL

Sludge will be applied to crop land or pasture land to obtain agronomic benefits as a plant nutrient source and soil conditioner. Enclosed in this plan are soil site evaluation maps detailing proposed sludge disposal sites (from Gary Whitley).

Sludges will not be applied to site slopes exceeding 15 percent. Best management practices will be utilized to minimize soil erosion. Sludge will be incorporated to any portion of the site if applied to areas subject to flooding at a 25 year or less frequency.

Application rates will be determined by using sludge composition, soil characteristics, climate, vegetation, cropping practices and other pertinent factors. Sites specific application rates will be proposed using pertinent sludge plant available nitrogen and crop uptake rates, the cumulative metal loading rates and the maximum calcium carbonate equivalent loading rates.

The annual sludge application rate will not exceed 15 dry tons per year and 10 percent of the maximum cumulative loading rate for any of the metals. The sludge will not be applied to any root crops or crops intended for human consumption in the raw form. Sludge applied to cultivated or bare soil will be incorporated by dishing within 48 hours of application of sludge to any portion of the site to minimize non point source runoff. Pasture and hay fields will be clipped to a grass height of 4 inches or less prior to sludge application. Unless the sludge can be uniformly applied so as not to matt down the vegetation cover and can be clipped to 4 inches within one week of application. No sludge application will be made during times when the ground is saturated or ice or snow covered unless snow can be incorporated into the plow layer,and that the snow cover does not exceed one inch average depth. Sludge will not be applied to soils with a seasonal water table of less than eighteen inches. Sludge will not be applied within one hundred feet of the drinking water wells or springs or within one hundred feet from property lines unless adjoining property owners provide written concurrence that closer application is allowable.

Sludge application will be kept at a minimum of twenty five feet from public roads and fifty feet from all surface water courses unless incorporated. Sludge will not be deposited within twenty five feet of rock out crops. Sludge will be kept at least twenty five feet from drainage ditches or intermittent streams. There will be no liquid sludge application.

The field operator will be properly informed with respect to crop type, current soil pH (from no more than one year old soil test), application method (surface versus sub surface).

Spreader - The manure spreaders used to apply sludge will be calibrated annually. Based on the analysis of the sludge no nitrogen or phosphorus will be added for one growing season following application of sludge at agronomic rates, however, potassium will be added as needed based on a current soil test. Operator will be required to keep a daily record exhibiting the following information and allowing the following calculations on a field by field basis.

1) Field pH, proposed crop
2) Quantity of sludge received (wet tons)
3) Quantity of sludge applied (wet tons)
4) Rate of application is indicated
5) Field conditions are suitable
6) Vehicles - roads are properly cleaned

Truck vouchers detailing tons of sludge brought to a given field for application will be maintained. Monthly summary reporting forms will be maintained only in months of application. Temporary storage at a permitted application site will only be justified due to equipment breakdown, inclement weather or some other emergency situation and will not be used as a substitute for routine storage. Regulatory agencies will be notified by phone of the intent to temporarily store sludge followed up by a written report explaining the reasons for the on site storage, length of time and volume of sludge stored if this becomes necessary. The temporary storage location will be above the 25 year flood elevation. A synthetic liner will be provided over the sludgeand if the sludge is stroed for five or more days a synthetic liner will be provided under the sludge. Surface runoff deversion will be provided.

Because of its storage capabilities, the Town of Stuart will schedule sludge delivery to the farmer so that, for the most part, it will be spred on the day of delivery. Unless some unforseen emergency arises, there will be no more than 24 hours between sludge delivery and land application. If the sludge is not land applied within 30 days of initiation of temporary storage, it must be moved to a routine sludge storage facility.

ITEM #10-9

THE TOWN OF STUART WILL ANALIZE SLUDGE ON A SEMI-ANNUAL BASIS.

SLUDGE USE OPTIONS
TOWN OF STUART

1. a) PAN(Hay) = 16 + (18) (0.5) = 25 lbs.dts
   b) PAN(Corn) = 16 + (18) (0.75) = 30 lbs/dts

2. a) dts/A for hay = (120) (0.7)/25 = 3.4 dts/A
   or 15.5 wts/A
   b) dts/A for corn = 160/30 = 5.3 dts/A
   or 24 wts/A

3. Total sludge available per year
   a) 820 wet tons or
   b) 180 dry tons

4. Available acreage
   a) corn = 68.7 acres
   b) hay = 43.9 acres

5. a) Infrequent (1 in 3 yr) application to 16 acres per year of corn would use 384 wet tons/yr.
   b) 70% of agronomic application of 3.4dts/A or 15.5 Wts/A (85 lbs. N/A) to 20 acres hay/yr for 1 in 4 yr repetitive cycle.

6. Supplemental fertilizer to be applied based on soil test recommendation of Virginia Cooperative Extension Service or Virginia Tech Soil Testing Laboratory.

7. The PAN is based on the crop yield depending on the productivity of the soil. This is based on the information in the table in appendix H of the Revised Sewerage Regulations.

For the corn land, sludge will only be applied in the late fall to early winter (after Oct.15) and the early spring prior to planting. For pastureland, the sludge will be applied between March 15 and Oct. 15. For hayland, sludge will be applied during March or after cuttings during the summer.

ITEM #11

SITE MANAGEMENT AGREEMENT

THIS AGREEMENT made this 1st day of FEBRUARY, 19 90, by and between K P HILL DAIRY INC., hereinafter referred to as Landowner, and TOWN OF STUART, hereinafter referred to as sludge handler, witnesseth that,

WHEREAS, Landowner is the owner of a parcel(s) of agricultural real property located as shown on the map(s) contained herein and designated K P HILL DAIRY INC., and

WHEREAS, sludge handler by separate contract is responsible for use/disposal of sewage sludge generated at the TOWN OF STUART sewage treatment plant, and

WHEREAS, Landowner will allow sewage sludge from TOWN OF STUART sewage treatment plant to be placed on the above-mentioned real property by sludge handler,

NOW THEREFORE, Landowner and sludge handler mutually agree as follows:

1. Public access shall be prohibited for a period of at least twelve (12) months following the last sludge application.
2. Crops for direct human consumption shall not be grown on land which ha received sludge application for at least 18 months following the last application.
3. Significant excavation of a site which has received sludge applicatio shall be prohibited for at least 12 months following the last application.
4. Grazing or feeding of green-chopped forage from sites which have received sludge application shall be prohibited for 30 and 60 days following the last application for beef and dairy cattle, respectivel
5. The rate of sludge application is calculated based on crop needs, permissible sludge constituent concentrations, and soil characteristics. Application rates are designed so that the limiting constituent is applied in appropriate quantities. Supplemental commercial fertilizer and/or manure in conjunction with sludge application will be coordinated so as to not exceed crop nitrogen nee as this may ultimately result in an adverse impact to state waters.
6. Tobacco will not be grown on treated sites since it has been shown to accumulate cadmium.
7. The permittee shall handle sludge in accordance with the issued state certificate/permit.
8. This agreement may be terminated by notice from either Landowner or Sludge Handler.
9. The sludge handler shall contact (within 1 week and no less than 24 hours) the Landowner prior to the initiation of sludge application to verify the terms of this agreement.

ITEM #11

Landowner:
K-Hill Dairy, Inc.
Wayne M. Kirkpatrick

Sludge Handler:
*By John M. Deekens
Title VICE-MAYOR
Company TOWN OF STUART
Address:
P.O. BOX 422
STUART, VA. 24171

*Elected official, general partner, proprietor, or principal executive officer equivalent to Vice-President

VE FORKS 3.2 MI.
ALEM, N. C, 48 MI.

...LOGICAL SURVEY, WASHINGTON, D. C — 1971

568 | 1 490 000 FEET

80°15'

ROAD CLASSIFICATION

Primary highway, all weather, hard surface

Light-duty road, all weather, improved surface

Improved road, fair or dry

...Route

State Route

STUART, VA.

Mapped, edited, and published by the Geological

Control by USGS and USC&GS

Topography by photogrammetric methods from aerial photographs taken 1964. Field checked 1967

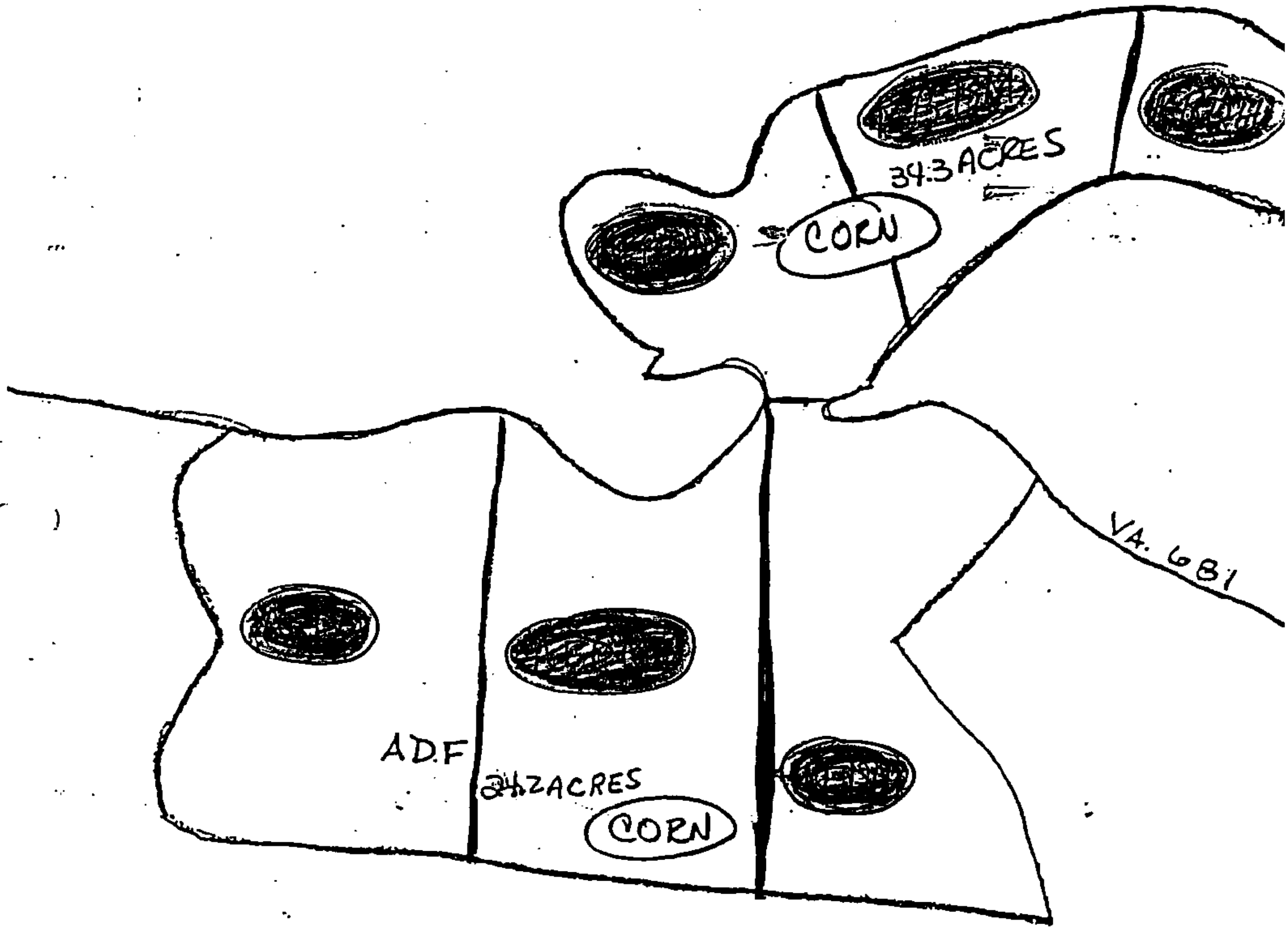
Polyconic projection. 1927 North American datum
10,000-foot grid based on Virginia coordinate system, s
1000-meter Universal Transverse Mercator grid ticks,
one 17, shown in blue

Fine red dashed lines indicate selected fence and field li

KPAFF SITE

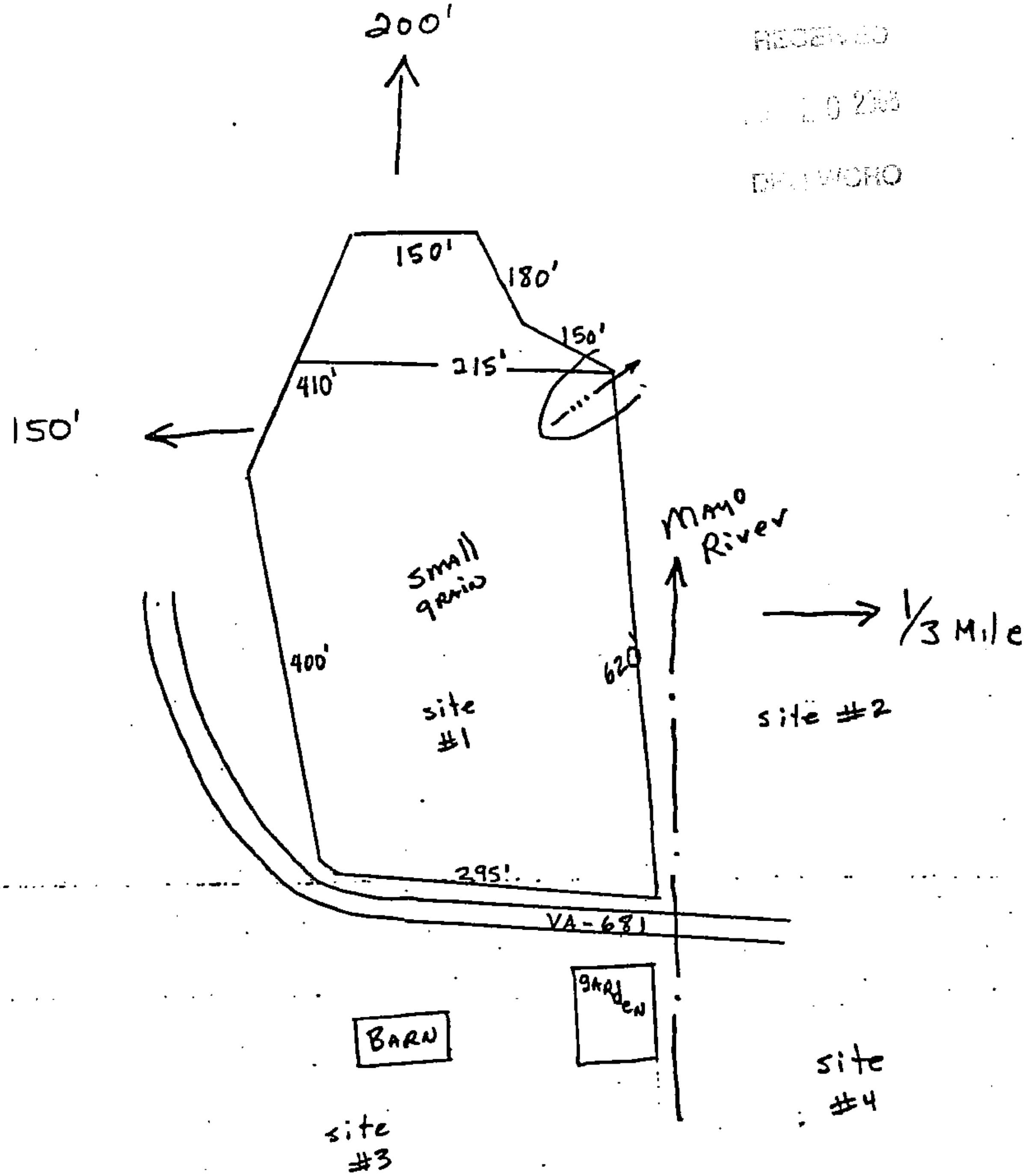
ITEM #17A

ITEM #12B



KP. HILL DAIRY, INC
APPLICATION SITES
BY FIELD MAPS

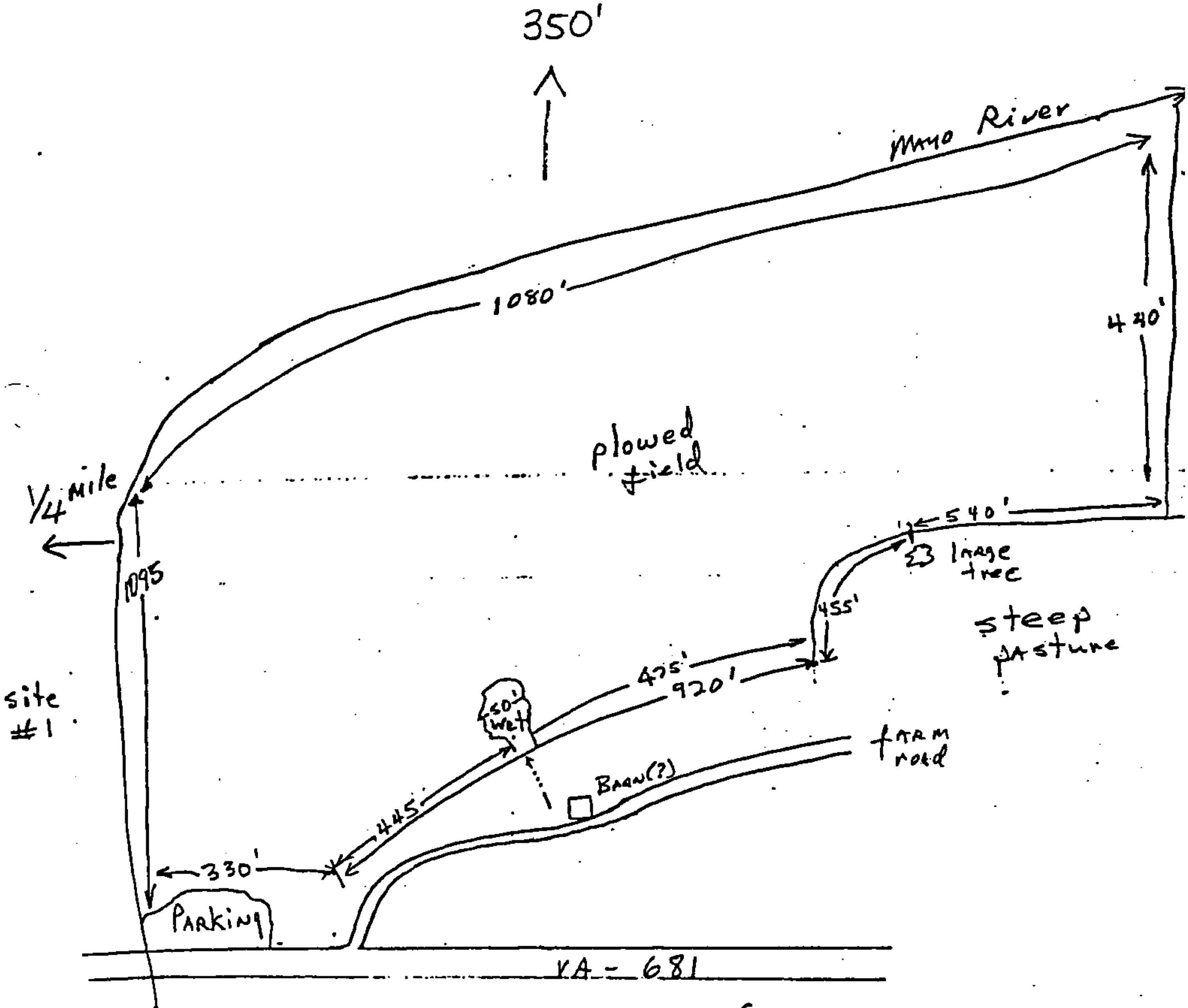

= SOIL SAMPLE ID



TO
Property Lines

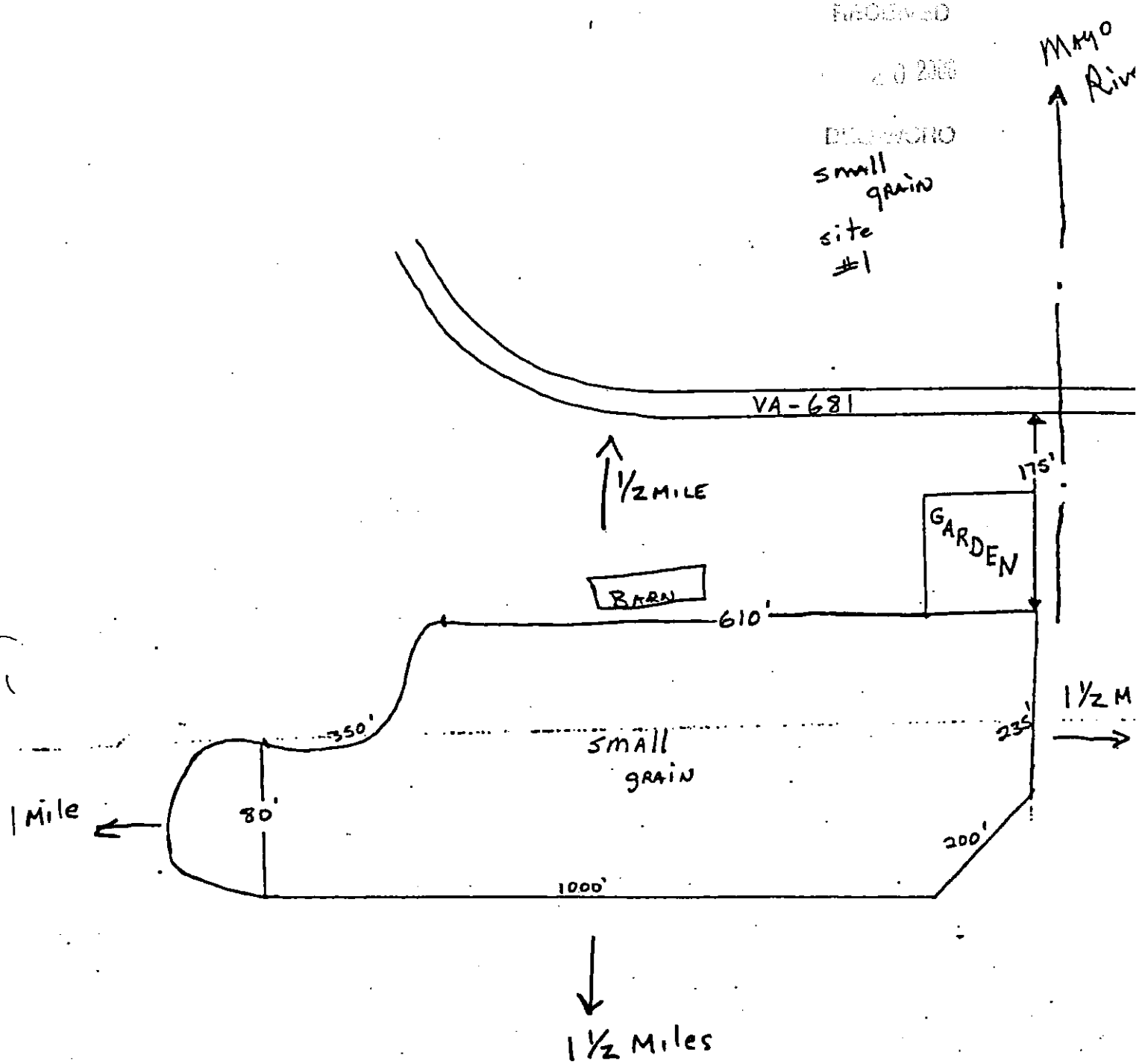
K.P. Hill Dairy (5.0A)
Site #1

ITEM #12 B

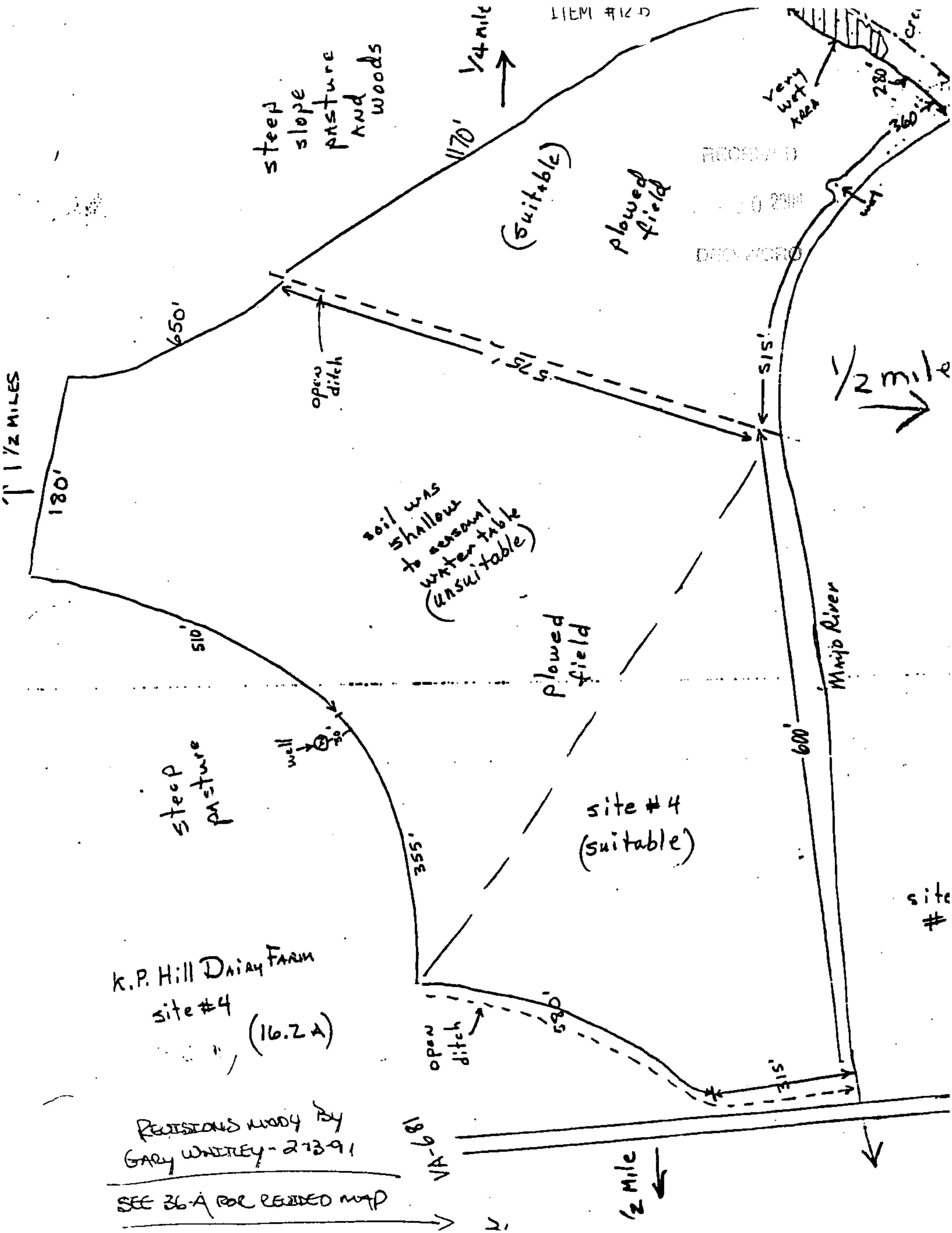


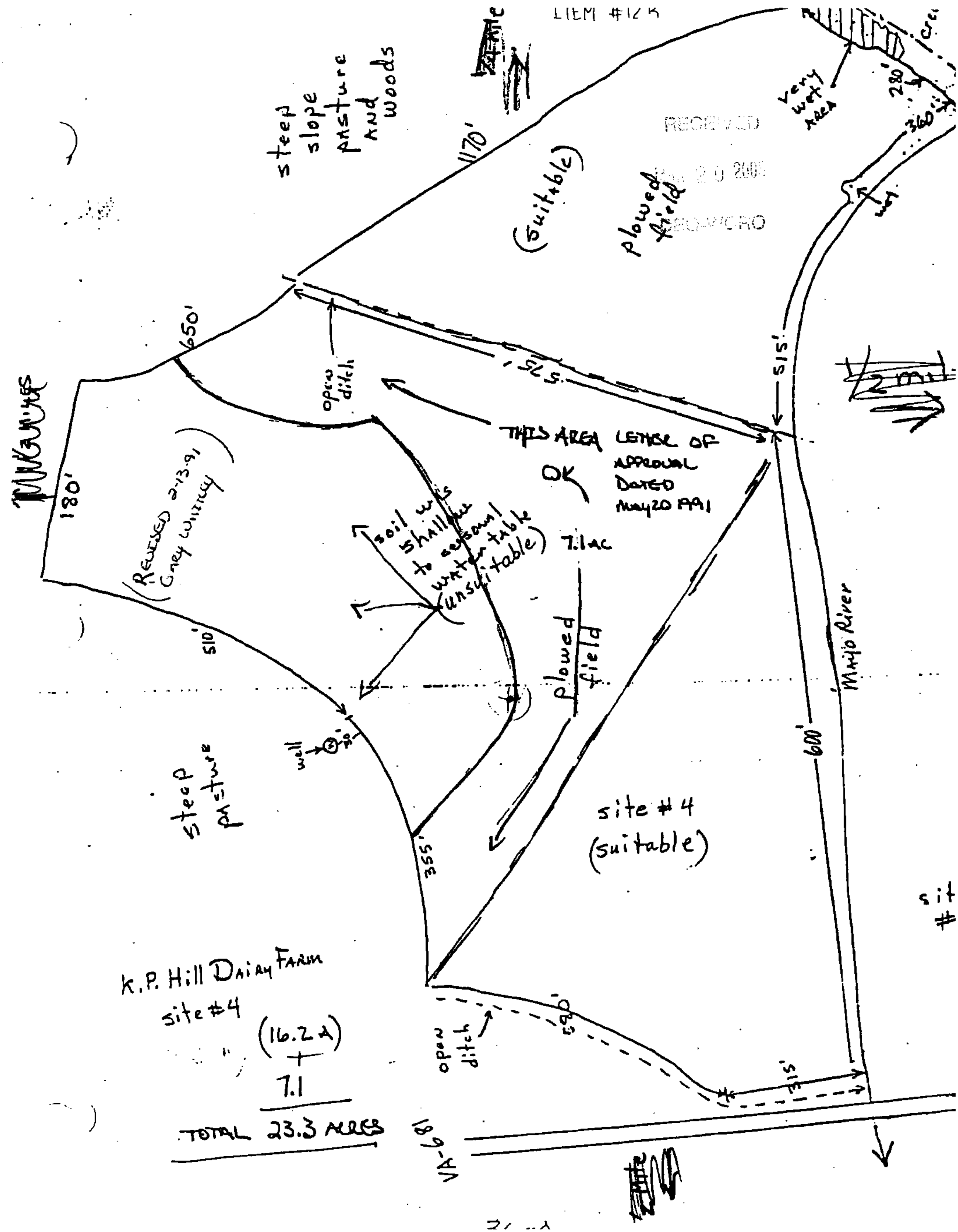
K.P. Hill Dairy (29.3A)
site #2

ITEM # 12 B



KP Hill Dairy
site #3 (8 A)


ITEM #12 D
1/4 mile
steep slope pasture and woods
1170'
(suitable)
plowed field
very wet area
280'
360'
wet
650'
open ditch
525'
515'
1/2 mile
1 1/2 MILES
180'
soil was shallow to seasonal water table (unsuitable)
plowed field
Mayo River
510'
well
steep pasture
600'
site #4
(suitable)
355'
site #
K.P. Hill Dairy Farm
site #4
(16.2 A)
open ditch
530'
315'
VA-681
1/2 Mile
Revisions made by
Gary Whitley - 2-13-91
See 36-A for revised map


ITEM #12 K
steep slope pasture and woods
1170'
(suitable)
plowed field
very wet area
280'
360'
wet
650'
515'
open ditch
THIS AREA LETTER OF APPROVAL DATED MAY 20 1991
OK
180'
(REVISED 2-13-91 Grey Whitley)
soil w/ shallow to seasonal water table (unsuitable)
7.1 AC
plowed field
Maiyo River
510'
well
steep pasture
355'
600'
site #4 (suitable)
K.P. Hill Dairy Farm
site #4
(16.2 A)
+
7.1
TOTAL 23.3 ACRES
open ditch
590'
315'
VA-681


K P HILL DAIRY INC. SITE

ITEM # 12 D

VIRGINIA COOPERATIVE EXTENSION SERVICE

VIRGINIA TECH

VIRGINIA STATE

SOILS INVENTORY AND EVALUATION

STUART SEWAGE SLUDGE DISPOSAL SITES

RECEIVED

KP HILL SITE

14 Biltmore Sandy Loam, 0 to 4 percent slopes. These very deep well to moderately well drained soils are formed from recent alluvial materials.

Typical profile:

Surface layer:
0 to 10 inches, dark yellowish brown sandy loam.

Subsoil:
10 to 50 inches, yellowish brown loamy sand.

Substratum:
50 to 60 inches, light yellowish brown loamy sand.

These soils are suited for sludge application if incorporated into the soil within 48 hours.

42 Codorus Loam, 0 to 4 percent slopes. These very deep, moderately well drained soil are formed from recent alluvial materials.

Typical profile:

Surface layer:
0 to 9 inches, dark brown loam.

Subsoil:
9 to 18 inches, dark brown loam.

18 to 30 inches, dark yellowish brown loam, with light grayish brown mottles.

Substratum:
30 to 60 inches, light yellowish brown loam, with brownish gray mottles.

These soils are suited for sludge applications if incorporated in the soil within 48 hours.

6 Hatboro Loam, 0 to 3 percent slopes. These very deep poorly drained soils are formed from recent alluvial materials.

Typical profile:

Surface layer:
0 to 9 inches, dark grayish brown loam, with yellowish brown mottles.

Subsoil:
9 to 44 inches, grayish brown loam, with yellowish brown mottles.

Substratum:
44 to 60 inches, light brownish gray sandy clay loam, with yellowish brown mottles.

These soils are not suited for sludge application because of seasonal high water tables, and flooding.

44 Suches loam, 0 to 4 percent slopes. These very deep moderately well drained soils are formed from recent alluvial materials.

Typical profile:

Surface layer:
0 to 9 inches, dark brown loam.

Subsoil:
9 to 31 inches, yellowish brown sandy clay loam, with pale brown mottles.
31 to 42 inches, light brownish gray sandy clay loam, with yellowish brown mottles.

Substratum:
42 to 60 inches, light gray and light brownish gray loamy sand.

This soil is suited sludge application.

COOPER FARM SITE:

13 Biltmore Sandy Loam, 0 to 4 percent slopes. These very deep well to moderately drained soils are formed from recent alluvial materials.

Typical profile:

Surface layer:
0 to 10 inches, dark yellowish brown sandy loam.

Subsoil:
10 to 50 inches, yellowish brown loamy sand.

VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Owner Information**

   Name: Town of Stuart

   Mailing Address: P.O. Box 422

   City: Stuart State: VA Zip: 24171 Phone: (276) 694-3811

2. **Facility/Site Location Information**

   Facility Name: Stuart Wastewater Treatment Plant

   Address: 709 Commerce Street

   City: Stuart State: VA Zip: 24171

   Latitude: 36-38-09 Longitude: 80-15-20

3. **Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☒

   If "Yes", enter the VPDES permit number: _____

4. **SIC/Activity Codes:** Primary: _____ Secondary (if applicable): 4952

5. **Total size of facility/site associated with industrial activity:** 8.338 acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☒

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☐ One to five acres ☐ More than five acres ☐

RECEIVED

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are <u>not</u> eligible for the No Exposure exclusion.**

DEQ-VAWRO

		Yes	No
1.	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	☐	☒
2.	Materials or residuals on the ground or in storm water inlets from spill/leaks	☐	☒
3.	Materials or products from past industrial activity	☐	☒
4.	Material handling equipment (except adequately maintained vehicles)	☐	☒
5.	Materials or products during loading/unloading or transporting activities	☐	☒
6.	Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☒
7.	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☒
8.	Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☒
9.	Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☒
10.	Application or disposal of process wastewater (unless otherwise permitted)	☐	☒
11.	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☒

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Terry Tilley

Print Title: Town Manager

Signature: Terry Tilley

Date: 3-18-08

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date : _____

3F

TOWN OF STUART VIRGINIA

Charming • festivals • Apple

Phone 276.694.3811

Fax 276.694.2583

www.townofstuartva.com

April 10, 2008

RECEIVED
APR 14 2008
DEQ-WCRO

Becky France
DEQ/WCRO
3019 Peters Creek Road
Roanoke, VA 24019

Dear Ms. France:

With regard to your letter of April 3, 1009, I had contacted Ms. Joy Mullins of RCID as to deficiency listed on form 2A Part D. Ms. Mullins revised the report and stated she felt it met your needs.

Please review the enclosed copy of the REIC report and contact me should anything else be required with regard to form 2A Part D.

A copy of your letter was forwarded to Kevin Heath, and I am waiting to hear from Mr. Heath as to what information I need to supply to him to complete the application.

Sample containers have been received for the additional copper and zinc analysis and will be carried back to the lab next week.

I hope to have all the necessary revisions completed as soon as possible.

Sincerely,

M. C. (Pete) Slate, Jr.
Supt. Water & Wastewater

REIC
Improving the environment, one client at a time...

225 Industrial Park Drive
Beaver, WV 25813
TEL: 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

Report Narrative

Project Manager:: **Joy Mullins**

WO#: **0802198**
Date: **4/8/2008**

CLIENT: TOWN OF STUART
Project: PERMIT RENEWAL

All analyses were performed using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. REI Consultants, Inc. (REIC) technical managers have verified compliance of reported results with the REIC's Quality Program and SOPs, except as noted in this case narrative. Any deviation from compliance is explained below and/or identified within the body of this report by a qualifier footnote which is defined at the bottom of each page.

All samples were analyzed using the methods stated in the analytical report without modification, unless otherwise noted.

All sample results are reported on an "as-received" basis unless otherwise noted.

Results reported for sums of individual parameters, such as Total Trihalomethanes (TTHM) and Total Haloacetic Acids (HAA5), may vary slightly from the sum of the individual parameter results. This apparent anomaly is caused by rounding individual results and summations at reporting, as required by EPA.

Following standard laboratory protocol, sample preservation, such as pH, is verified at time of extraction or analysis based on client requested parameters. Improper preservation is noted on the analytical bench sheet, extraction log, or preservation log and client is notified by close of following business day. All results are reported using preservation compliant samples unless otherwise noted in the analytical report.

The test results in this report meet all NELAP requirements for parameters for which accreditations are required or available. Any exceptions are noted in this report. This report may not be reproduced, except in full, without the written approval of REIC.

In compliance with federal guidelines and standard operating procedures, all reports, including raw data and supporting quality control, will be disposed of after five years unless otherwise arranged by the client via written notification or contract requirement.

The quality control sample for antimony exceeded REIC control limits by 3%. Antimony was not detected above the PQL in the sample.

225 Industrial Park Drive
Beaver, WV 25813
TEL: 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

improving the environment, one client at a time...

April 08, 2008

MR. PETE SLATE
TOWN OF STUART
100 PATRICK AVENUE
STUART VA 24171

TEL: (276) 694-4477
FAX (276) 694-2583

RE: PERMIT RENEWAL

Order No.: 0802198

Dear MR. PETE SLATE:

REI Consultants, Inc. received 1 sample(s) on 2/5/2008 for the analyses presented in the following report.

Please note two changes you may see on your report.

- Results for "Dissolved" parameters will be shown under a separate sample ID, rather than as a separate analysis under the same sample ID. The sample ID for "Dissolved" parameters will include "Field Filtered" or "Lab Filtered", as appropriate.
- Metals results will no longer be identified as "Total" or "Total Recoverable". The methods have not been changed, only their appearance on the report.

If you have any questions regarding these results, please do not hesitate to call.

Sincerely,

Joy Mullins
Project Manager

Revised

ACCREDITED IN ACCORDANCE WITH nelac

REI Consultants, Inc. — Analytical Results

Date: *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
HARDNESS			**SM2340 B**			Analyst: **JD**	
Hardness, Total (As CaCO3)	63.0	mg/L		1.00	NA	02/07/08 9:10 AM	02/07/08 1:45 PM
SEMIVOLATILE ORGANIC COMPOUNDS			**E625**			Analyst: **CLS**	
Acenaphthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzidine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(a)anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(a)pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Benzo(k)fluoranthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-chloroethyl)ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-chloroisopropyl)ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Bis(2-ethylhexyl)phthalate	0.0127	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Butyl benzyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2-Chloronaphthalene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2-Chlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
4-Chlorophenyl phenyl ether	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Chrysene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Dibenzo(a,h)anthracene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Di-n-butyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,3-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,4-Dichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
3,3'-Dichlorobenzidine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dichlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Diethyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Dimethyl phthalate	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dimethylphenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dinitrophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4-Dinitrotoluene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2-Diphenylhydrazine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Fluoranthene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Fluorene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorobutadiene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachlorocyclopentadiene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Hexachloroethane	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Indeno(1,2,3-cd)pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Isophorone	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Naphthalene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM

Key:
- MCL Maximum Contaminant Level
- MDL Minimum Detection Limit
- NA Not Applicable
- ND Not Detected at the PQL or MDL
- PQL Practical Quantitation Limit
- TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers:
- B Analyte detected in the associated Method Blank
- E Estimated Value above quantitation range
- H Holding times for preparation or analysis exceeded
- S Spike/Surrogate Recovery outside accepted recovery limits
- * Value exceeds Maximum Contaminant Level

REI Consultants, Inc. Analytical Results

Date: *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
SEMIVOLATILE ORGANIC COMPOUNDS			**E625**			Analyst: **CLS**	
Nitrobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodimethylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodiphenylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
N-Nitrosodi-n-propylamine	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Pentachlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Phenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Pyrene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
1,2,4-Trichlorobenzene	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
2,4,6-Trichlorophenol	ND	mg/L		0.0103	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2-Fluorophenol	47.7	%REC		21-110	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: Phenol-d5	32.7	%REC		10-110	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2,4,6-Tribromophenol	90.1	%REC		10-123	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: Nitrobenzene-d5	93.9	%REC		35-114	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 2-Fluorobiphenyl	79.0	%REC		43-116	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
Surr: 4-Terphenyl-d14	85.4	%REC		33-141	NA	02/06/08 10:12 AM	02/06/08 9:20 PM
VOLATILE ORGANIC COMPOUNDS			**E624**			Analyst: **AS**	
Bromochloromethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Benzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Acrolein	ND	µg/L		50.0	NA		02/07/08 12:11 PM
Bromodichloromethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Acrylonitrile	ND	µg/L		50.0	NA		02/07/08 12:11 PM
Bromoform	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Bromomethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Carbon tetrachloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Chlorobenzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Chloroform	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Dibromochloromethane	ND	µg/L		25.0	NA		02/07/08 12:11 PM
1,2-Dichloroethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,1-Dichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
trans-1,2-Dichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,2-Dichloropropane	ND	µg/L		5.00	NA		02/07/08 12:11 PM
cis-1,3-Dichloropropene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
trans-1,3-Dichloropropene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Ethylbenzene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Methylene chloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Tetrachloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Toluene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
1,1,2-Trichloroethane	ND	µg/L		5.00	NA		02/07/08 12:11 PM

Key:
- MCL Maximum Contaminant Level
- MDL Minimum Detection Limit
- NA Not Applicable
- ND Not Detected at the PQL or MDL
- PQL Practical Quantitation Limit
- TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers:
- B Analyte detected in the associated Method Blank
- E Estimated Value above quantitation range
- H Holding times for preparation or analysis exceeded
- S Spike/Surrogate Recovery outside accepted recovery limits
- * Value exceeds Maximum Contaminant Level

REI Consultants, Inc. Analytical Results

Date: *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001	**Lab ID:**	0802198-01A
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
VOLATILE ORGANIC COMPOUNDS			**E624**			Analyst: **AS**	
Trichloroethene	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Vinyl chloride	ND	µg/L		5.00	NA		02/07/08 12:11 PM
Surr: Dibromofluoromethane	95.5	%REC		80-120	NA		02/07/08 12:11 PM
Surr: 1,2-Dichloroethane-d4	84.4	%REC		80-120	NA		02/07/08 12:11 PM
Surr: Toluene-d8	101	%REC		88-110	NA		02/07/08 12:11 PM
Surr: 4-Bromofluorobenzene	101	%REC		86-115	NA		02/07/08 12:11 PM
CYANIDE			**E335.4**			Analyst: **BA**	
Cyanide, Total	ND	mg/L		0.020	NA		02/08/08 12:30 PM
PHENOLICS			**E420.1**			Analyst: **BA**	
Phenolics	ND	mg/L		0.010	NA		02/07/08 12:45 PM

Key:
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Qualifiers:
- B Analyte detected in the associated Method Blank
- E Estimated Value above quantitation range
- H Holding times for preparation or analysis exceeded
- S Spike/Surrogate Recovery outside accepted recovery limits
- * Value exceeds Maximum Contaminant Level

REI Consultants, Inc. Analytical Results

Date: *08-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0802198
Client Sample ID:	WWTP EFF. 001/FIELD FILTERED	**Lab ID:**	0802198-01B
Project:	PERMIT RENEWAL	**Collection Date:**	2/4/2008 2:14:00 PM
Site ID:	STUART WWTP/VA	**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			**E200.7**			Analyst: **JD**	
Antimony	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Arsenic	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Cadmium	ND	mg/L		0.0010	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Chromium	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Copper	0.0080	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Lead	ND	mg/L		0.0100	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Nickel	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Selenium	ND	mg/L		0.0200	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Silver	ND	mg/L		0.0050	NA	02/07/08 9:10 AM	02/07/08 1:49 PM
Zinc	0.156	mg/L		0.0200	NA	02/07/08 9:10 AM	02/11/08 9:40 AM
MERCURY, TOTAL			**E245.1**			Analyst: **AB**	
Mercury	ND	mg/L		0.0010	NA	02/07/08 9:31 AM	02/08/08 11:15 AM

Key:
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- MDL Minimum Detection Limit
- NA Not Applicable
- ND Not Detected at the PQL or MDL
- PQL Practical Quantitation Limit
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Qualifiers:
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- E Estimated Value above quantitation range
- H Holding times for preparation or analysis exceeded
- S Spike/Surrogate Recovery outside accepted recovery limits
- * Value exceeds Maximum Contaminant Level

REIC

REI Consultants, Inc.
225 Industrial Park Rd.
P.O. Box 286, Beaver, WV 25813
Phone: 304-255-2500 or 800-999-0105
FAX: 304-255-2572
e-mail: rlabs@reiclabs.com

CHAIN OF CUSTODY RECORD NO. 233171

CLIENT: TOWN OF STUART
ADDRESS: P.O. BOX 922
CITY/STATE/ZIP: STUART VA. 24171
BILL TO: SAME AS ABOVE
CITY/STATE/ZIP:
PURCHASE ORDER # 5696
QUOTE # JPO115080

CONTACT PERSON: M.C. "PETE" SLATE JR.
TELEPHONE #: 276-699-9977
FAX #: 276-699-2583
E-MAIL ADDRESS: petesl@c@va.net
SITE ID & STATE: STUART WWTP / VA
PROJECT ID: PERMIT RENEWAL
SAMPLER: M.C. SLATE JR.

SAMPLE LOG AND ANALYSIS REQUEST

TURNAROUND TIME REQUIREMENTS
REGULAR: ___
*RUSH: ___ 5-Day ___ 3-Day ___ 2-Day ___ 1-Day
*Rush work needs prior Laboratory approval and will include surcharges

PRESERVATIVES
0 No Preservative
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA

PRESERVATIVE CODES — NOTE PRESERVATIVES → 2 5 3 2 1 0

SAMPLE ID	NO. & TYPE OF CONTAINERS	SAMPLING DATE / TIME	MATRIX	SAMPLE COMP / GRAB	ANALYSIS REQUESTED & METHOD: DIS. METALS	CN	PHENOLICS	AMMONIA	VOC - 624	SVOC - 625	COMMENTS
WWTP EFF. 001	1 PLASTIC	2/4/08 1914	WW	GRAB	✓						
"	1 PLASTIC	2/4/08 1902	"	"		✓					
"	1 GLASS	2/4/08 1902	"	"			✓				
"	1 PLASTIC	2/4/08 1902	"	"				✓			
"	1 GLASS	2/4/08 1914	"	"					✓		
"	2 GLASS	2/4/08 1908	"	"						✓	

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Date/Time	Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Date/Time
M.C. Slate	2/5/08 3:40	Ellen Blyant	2/5/08 8:11				
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Date/Time	Temperature Upon Arrival 2.0 °C	FAX Results	Email Results	

May 12, 2008

Ms. Becky L. France, Environmental Engineer Senior
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, Virginia 24019

Re: Town of Stuart WWTP
VPDES Permit No. VA 0022985

Dear Ms. France:

Please find enclosed two (2) copies of items pertaining to the above referenced VPDES Permit application. These items include revisions made to the original application following receipt of a letter from your office. The revisions are summarized as follows:

Form 2A, Part D, Pages 11-14 – These pages have been revised to include additional parameter results and the laboratory printout sheets have been revised. Replace those like items from the original application with the attached.

Form 2A, Part E, Page 15-17 – These pages have been revised to indicate only that the toxicity test results have previously been submitted to DEQ annually and a summary result sheet from each year's report has been included. Replace those like items from the original application with the attached.

Sewage Sludge Application, Part B, Page 3, B.8 – One additional sewage sludge analysis is attached.

Sewage Sludge Application, Part C, Page 10, C.7- A PCB test analysis for the sludge is attached.

Sewage Sludge Application, Part C, Page 10, C.7 – The sewage sludge spreadsheet has been revised to indicate the sludge test dates, has been updated to include an additional set of test results, and has been revised to include only the acreages from the K.P. Hill disposal site.

Sewage Sludge Application, Part C, Page 11, C.12 – The sludge disposal site acreage has been revised to include only the four K.P. Hill tracts referenced in the application, with a total land area of 65.6 acres.

We hope that these revisions/ additional information will enable you to continue processing the Town's Permit Application. If you have any questions or need additional information, feel free to call.

Sincerely,

ADAMS-HEATH ENGINEERING, INC.

Kevin Heath

Kevin Heath, P.E.

cc: Pete Slate, Town of Stuart

TOWN OF STUART
P. O. BOX 422
STUART, VA 24171

(276) 694-3811

FAX NUMBER: (276) 694-2583

TO: Becky Prance

FROM: Pete Stuart

DATE: 5-5-08

NUMBER OF PAGES BEING TRANSMITTED INCLUDING HEADER PAGE: 9

MESSAGE: Diss. Cu, Zn and Sludge PCB.

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE NOTIFY OUR OFFICE AT THE NUMBER GIVEN ABOVE.

225 Industrial Park Drive
Beaver, WV 25813
TEL: 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

Improving the environment, one client at a time...

April 29, 2008

MR. PETE SLATE
TOWN OF STUART
100 PATRICK AVENUE
STUART VA 24171

TEL: (276) 694-4477
FAX (276) 694-2583

RE: PERMIT APPLICATION

Order No.: 0804B89

Dear MR. PETE SLATE:

REI Consultants, Inc. received 5 sample(s) on 4/17/2008 for the analyses presented in the following report.

Please note two changes you may see on your report.

- Results for "Dissolved" parameters will be shown under a separate sample ID, rather than as a separate analysis under the same sample ID. The sample ID for "Dissolved" parameters will include "Field Filtered" or "Lab Filtered", as appropriate.
- Metals results will no longer be identified as "Total" or "Total Recoverable". The methods have not been changed, only their appearance on the report.

If you have any questions regarding these results, please do not hesitate to call.

Sincerely,

Joy Mullins
Project Manager

225 Industrial Park Drive
Beaver, WV 25813
TEL: 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

Improving the environment, one client at a time...

Report Narrative

Project Manager:: **Joy Mullins**

WO#: **0804B89**
Date: **4/29/2008**

CLIENT: TOWN OF STUART
Project: PERMIT APPLICATION

All analyses were performed using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. REI Consultants, Inc. (REIC) technical managers have verified compliance of reported results with the REIC's Quality Program and SOPs, except as noted in this case narrative. Any deviation from compliance is explained below and/or identified within the body of this report by a qualifier footnote which is defined at the bottom of each page.

All samples were analyzed using the methods stated in the analytical report without modification, unless otherwise noted.

All sample results are reported on an "as-received" basis unless otherwise noted.

Results reported for sums of individual parameters, such as Total Trihalomethanes (TTHM) and Total Haloacetic Acids (HAA5), may vary slightly from the sum of the individual parameter results. This apparent anomaly is caused by rounding individual results and summations at reporting, as required by EPA.

Following standard laboratory protocol, sample preservation, such as pH, is verified at time of extraction or analysis based on client requested parameters. Improper preservation is noted on the analytical bench sheet, extraction log, or preservation log and client is notified by close of following business day. All results are reported using preservation compliant samples unless otherwise noted in the analytical report.

The test results in this report meet all NELAP requirements for parameters for which accreditations are required or available. Any exceptions are noted in this report. This report may not be reproduced, except in full, without the written approval of REIC.

In compliance with federal guidelines and standard operating procedures, all reports, including raw data and supporting quality control, will be disposed of after five years unless otherwise arranged by the client via written notification or contract requirement.

REI Consultants, Inc. **Analytical Results** **Date:** *29-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	001 4/10 FIELD FILTERED	**Lab ID:**	0804B89-01B
Project:	PERMIT APPLICATION	**Collection Date:**	4/10/2008 2:30:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			**E200.7**			Analyst: BP	
Copper	ND	mg/L		0.100	NA	04/21/08 9:29 AM	04/28/08 7:56 PM
Zinc	0.143	mg/L		0.050	NA	04/21/08 9:29 AM	04/28/08 7:56 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded

REI Consultants, Inc. **Analytical Results** **Date:** *29-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	001 4/11 FIELD FILTERED	**Lab ID:**	0804B89-02B
Project:	PERMIT APPLICATION	**Collection Date:**	4/11/2008 1:00:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			**E200.7**			Analyst: **BP**	
Copper	ND	mg/L		0.100	NA	04/21/08 9:29 AM	04/28/08 8:14 PM
Zinc	0.117	mg/L		0.050	NA	04/21/08 9:29 AM	04/28/08 8:14 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded

REI Consultants, Inc. **Analytical Results** **Date:** *29-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	001 4/14 FIELD FILTERED	**Lab ID:**	0804B89-03B
Project:	PERMIT APPLICATION	**Collection Date:**	4/14/2008 1:10:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: BP	
Copper	ND	mg/L		0.100	NA	04/21/08 9:29 AM	04/28/08 8:19 PM
Zinc	0.120	mg/L		0.050	NA	04/21/08 9:29 AM	04/28/08 8:19 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits

REI Consultants, Inc. **Analytical Results** **Date:** *29-Apr-08*

MAY 05 2008

DEQ-WCRO

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	001 4/15 FIELD FILTERED	**Lab ID:**	0804B89-04B
Project:	PERMIT APPLICATION	**Collection Date:**	4/15/2008 12:40:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: BP	
Copper	ND	mg/L		0.100	NA	04/21/08 9:29 AM	04/28/08 8:25 PM
Zinc	0.126	mg/L		0.050	NA	04/21/08 9:29 AM	04/28/08 8:25 PM

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B	Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E	Estimated Value above quantitation range
	NA	Not Applicable		H	Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S	Spike/Surrogate Recovery outside accepted recovery limits

REI Consultants, Inc. **Analytical Results** **Date:** *29-Apr-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0804B89
Client Sample ID:	SEWER SLUDGE	**Lab ID:**	0804B89-05A
Project:	PERMIT APPLICATION	**Collection Date:**	4/15/2008
Site ID:		**Matrix:**	SLUDGE

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
PERCENT MOISTURE			**SM2540 B**			Analyst: CL	
Percent Moisture	81	wt%		0.5	NA		04/23/08 12:00 AM
PCBS			**SW8082**			Analyst: CLS	
Aroclor 1016	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1221	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1232	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1242	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1248	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1254	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Aroclor 1260	ND	mg/Kg		0.0993	NA	04/23/08 2:31 PM	04/24/08 5:18 AM
Surr: Tetrachloro-m-xylene	95.5	%REC		30-130	NA	04/23/08 2:31 PM	04/24/08 5:18 AM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL
PQL Practical Quantitation Limit
TIC Tentatively Identified Compound, Estimated Concentration

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits
* Value exceeds Maximum Contaminant Level

DBPix Evaluation

REIC

REI Consultants, Inc.
225 Industrial Park Rd.
P.O. Box 286, Beaver, WV 25813
Phone: 304-255-2500 or 800-999-0105
FAX: 304-255-2572
e-mail: rlabs@reiclabs.com

CHAIN OF CUSTODY RECORD NO. 233305

CLIENT: Town of Stuart
ADDRESS:
CITY/STATE/ZIP:
BILL TO:
CITY/STATE/ZIP: Stuart VA 24171
PURCHASE ORDER #
QUOTE #:

CONTACT PERSON: M. C. State Jr.
TELEPHONE #:
FAX #:
E-MAIL ADDRESS: petestate@embarqmail.com
SITE ID & STATE:
PROJECT ID:
SAMPLER: M. C. State Jr.

SAMPLE LOG AND ANALYSIS REQUEST

TURNAROUND TIME REQUIREMENTS
REGULAR: ✓
RUSH: ___ 5-Day ___ 3-Day ___ 2-Day ___ 1-Day

PRESERVATIVES
0 No Preservative
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA

PRESERVATIVE CODES: 2 2 2 2 0

ANALYSES: 10.85 Cu, ZN; N

SAMPLE ID	NO. & TYPE OF CONTAINERS	SAMPLING DATE / TIME	MATRIX	SAMPLE COMP / GRAB	Analysis 1	Analysis 2	Analysis 3	Analysis 4	Analysis 5	COMMENTS
001	1 Plastic	4-10-08 1130	WW	Grab	✓					
"	"	4-11-08 1500	"	"		✓				
"	"	4-14-08 1310	"	"			✓			
"	"	4-15-08 1240	"	"				✓		
[illegible] Sample	1 Glass	4-15-08	"	"					✓	

Relinquished by: M. C. State Jr. Date/Time: 4-16-08
Received by: [illegible signature] Date/Time: 4-16-08
Temperature: 1.5
FAX Results Email Results

RECEIVED
MAY 05 2008
DEQ-VCRO

TOWN OF STUART
P. O. BOX 422
STUART, VA 24171

(276) 694-3811

RECEIVED
MAY 1 / 2008
DEQ-WCRO

FAX NUMBER: (276) 694-2583

TO: Becky France / DEQ

FROM: Pete Stuart

DATE: 5-13-08

NUMBER OF PAGES BEING TRANSMITTED INCLUDING HEADER PAGE: 10

MESSAGE: Copper Results from REIC

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE NOTIFY OUR OFFICE AT THE NUMBER GIVEN ABOVE.

5/13/2008 1:42 PM FROM: Fax REI Consultants, Inc. TO: 1(276) 694-2583 PAGE: 001 OF 002

F A X

REI Consultants, Inc.
225 Industrial Park Drive
Beaver, West Virginia 25813

To:	MR. PETE SLATE
Fax number:	1(276) 694-2583
From:	Joy Mullins
Fax number:	304-255-2572
Business phone:	304-255-2500
Home phone:	
Date & Time:	5/13/2008 1:42:15 PM
Pages:	2
Re:	Analytical Report: 0805445,PERMIT APPLICATION

Attached are analytical results. Please feel free to contact me by email at jmullins@reiclabs.com with any questions.

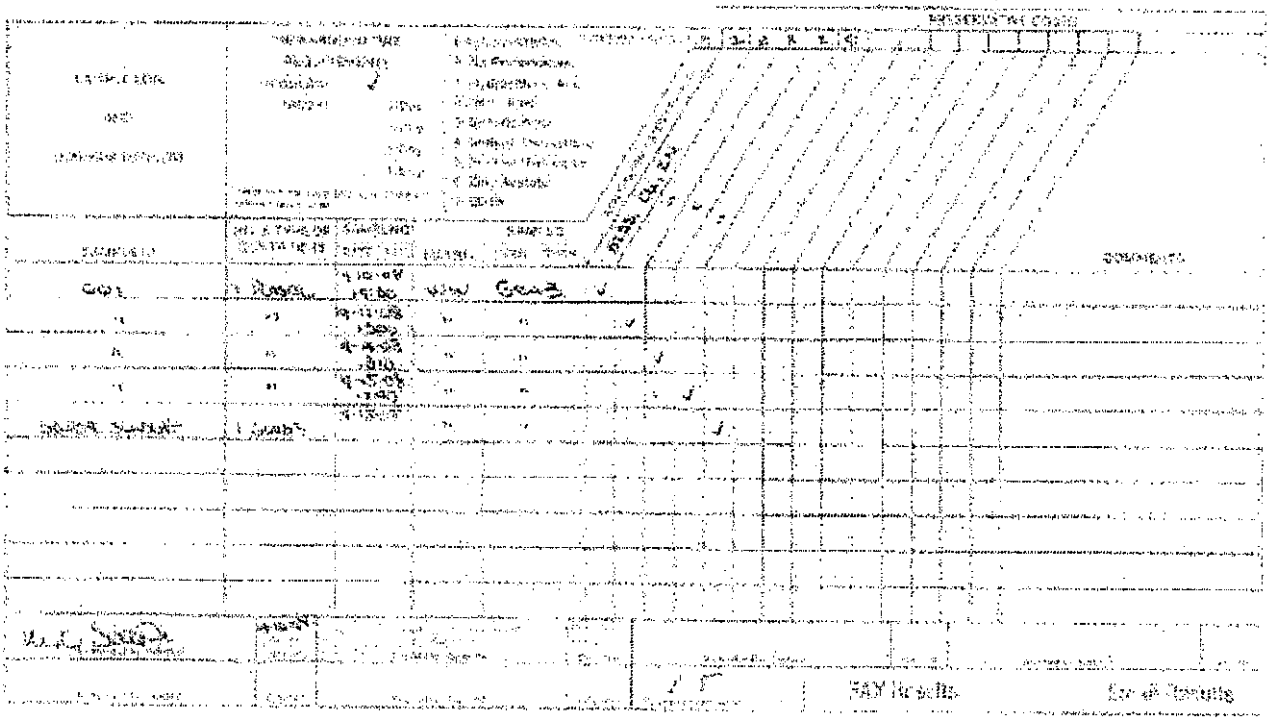
Sincerely,

Joy Mullins
Project Manager
jmullins@reiclabs.com
PO Box 286
Beaver, WV 25813
REI Consultants, Inc.
TEL: 304.255.2500 ()
FAX: 304.255.2572
www.reiclabs.com

: Evaluation

REIC

CHAIN OF CUSTODY RECORD



www.ammara.com

FAX

REI Consultants, Inc.
225 Industrial Park Drive
Beaver, West Virginia 25813

To: MR. PETE SLATE
Fax number: 1(276) 694-2583

From: Joy Mullins
Fax number: 304-255-2572
Business phone: 304-255-2500
Home phone:

Date & Time: 5/13/2008 1:45:48 PM
Pages: 7
Re: Analytical Report: 0805445,PERMIT APPLICATION

Attached are analytical results. Please feel free to contact me by email at jmullins@reiclabs.com with any questions.

Sincerely,

Joy Mullins
Project Manager
jmullins@reiclabs.com
PO Box 286
Beaver, WV 25813
REI Consultants, Inc.
TEL: 304.255.2500 ()
FAX: 304.255.2572
www.reiclabs.com

REIC
Improving the environment, one client at a time...

225 Industrial Park Drive
Beaver, WV 25813
TEL: 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

May 13, 2008

MR. PETE SLATE
TOWN OF STUART
100 PATRICK AVENUE
STUART VA 24171

TEL: (276) 694-4477
FAX (276) 694-2583

RE: PERMIT APPLICATION

Order No.: 0805445

Dear MR. PETE SLATE:

REI Consultants, Inc. received 4 sample(s) on 5/7/2008 for the analyses presented in the following report.

Please note two changes you may see on your report.

- Results for "Dissolved" parameters will be shown under a separate sample ID, rather than as a separate analysis under the same sample ID. The sample ID for "Dissolved" parameters will include "Field Filtered" or "Lab Filtered", as appropriate.
- Metals results will no longer be identified as "Total" or "Total Recoverable". The methods have not been changed, only their appearance on the report.

If you have any questions regarding these results, please do not hesitate to call.

Sincerely,

Joy Mullins
Project Manager

REIC

225 Industrial Park Drive
Beaver, WV 25813
TEL. 304.255.2500
FAX: 304.255.2572
Website: www.reiclabs.com

Improving the environment, one client at a time...

Report Narrative

Project Manager:: **Joy Mullins**

WO#: **0805445**
Date: **5/13/2008**

CLIENT: TOWN OF STUART
Project: PERMIT APPLICATION

All analyses were performed using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. REI Consultants, Inc. (REIC) technical managers have verified compliance of reported results with the REIC's Quality Program and SOPs, except as noted in this case narrative. Any deviation from compliance is explained below and/or identified within the body of this report by a qualifier footnote which is defined at the bottom of each page.

All samples were analyzed using the methods stated in the analytical report without modification, unless otherwise noted.

All sample results are reported on an "as-received" basis unless otherwise noted.

Results reported for sums of individual parameters, such as Total Trihalomethanes (TTHM) and Total Haloacetic Acids (HAA5), may vary slightly from the sum of the individual parameter results. This apparent anomaly is caused by rounding individual results and summations at reporting, as required by EPA.

Following standard laboratory protocol, sample preservation, such as pH, is verified at time of extraction or analysis based on client requested parameters. Improper preservation is noted on the analytical bench sheet, extraction log, or preservation log and client is notified by close of following business day. All results are reported using preservation compliant samples unless otherwise noted in the analytical report.

The test results in this report meet all NELAP requirements for parameters for which accreditations are required or available. Any exceptions are noted in this report. This report may not be reproduced, except in full, without the written approval of REIC.

In compliance with federal guidelines and standard operating procedures, all reports, including raw data and supporting quality control, will be disposed of after five years unless otherwise arranged by the client via written notification or contract requirement.

REI Consultants, Inc. **Analytical Results** **Date:** *13-May-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0805445
Client Sample ID:	001 4/10/FIELD FILTERED	**Lab ID:**	0805445-01B
Project:	PERMIT APPLICATION	**Collection Date:**	4/10/2008 2:30:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: JD	
Copper	0.0096	mg/L		0.0050	NA	05/08/08 10:59 AM	05/12/08 6:35 PM

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B	Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E	Estimated Value above quantitation range
	NA	Not Applicable		H	Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S	Spike/Surrogate Recovery outside accepted recovery limits

REI Consultants, Inc. **Analytical Results** **Date:** *13-May-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0805445
Client Sample ID:	001 4/11/FIELD FILTERED	**Lab ID:**	0805445-02B
Project:	PERMIT APPLICATION	**Collection Date:**	4/11/2008 1:00:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: JD	
Copper	0.0108	mg/l		0.0050	NA	05/08/08 10:59 AM	05/12/08 6:38 PM

Key: MCL Maximum Contaminant Level
MDL Minimum Detection Limit
NA Not Applicable
ND Not Detected at the PQL or MDL

Qualifiers: B Analyte detected in the associated Method Blank
E Estimated Value above quantitation range
H Holding times for preparation or analysis exceeded
S Spike/Surrogate Recovery outside accepted recovery limits

REI Consultants, Inc. **Analytical Results** **Date:** *13-May-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0805445
Client Sample ID:	001 4/14/FIELD FILTERED	**Lab ID:**	0805445-03B
Project:	PERMIT APPLICATION	**Collection Date:**	4/14/2008 1:10:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: JD	
Copper	0.0093	mg/L		0.0050	NA	05/08/08 10:59 AM	05/12/08 6:42 PM

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B	Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E	Estimated Value above quantitation range
	NA	Not Applicable		H	Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S	Spike/Surrogate Recovery outside accepted recovery limits
	PQL	Practical Quantitation Limit		*	Value exceeds Maximum Contaminant Level
	TIC	Tentatively Identified Compound, Estimated Concentration			

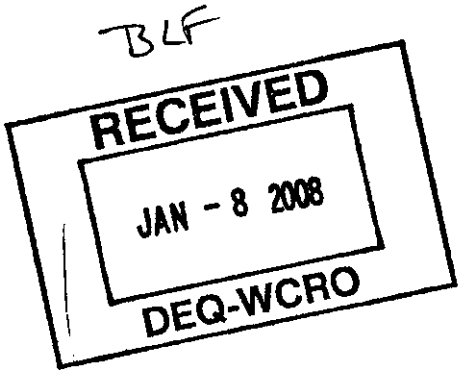
REI Consultants, Inc. **Analytical Results** **Date:** *13-May-08*

CLIENT:	TOWN OF STUART	**WorkOrder:**	0805445
Client Sample ID:	001 4/15/FIELD FILTERED	**Lab ID:**	0805445-04B
Project:	PERMIT APPLICATION	**Collection Date:**	4/15/2008 12:40:00 PM
Site ID:		**Matrix:**	WASTE WATER

Analyses	Result	Units	Qual	PQL	MCL	Prep Date	Date Analyzed
METALS BY ICP			E200.7			Analyst: JD	
Copper	0.0103	mg/L		0.0050	NA	05/08/08 10:59 AM	05/12/08 6:45 PM

Key:	MCL	Maximum Contaminant Level	Qualifiers:	B	Analyte detected in the associated Method Blank
	MDL	Minimum Detection Limit		E	Estimated Value above quantitation range
	NA	Not Applicable		H	Holding times for preparation or analysis exceeded
	ND	Not Detected at the PQL or MDL		S	Spike/Surrogate Recovery outside accepted recovery limits
	PQL	Practical Quantitation Limit		*	Value exceeds Maximum Contaminant Level
	TIC	Tentatively Identified Compound, Estimated Concentration			

BLF



January 8, 2008

Ms. Becky France, Environmental Engineer Senior
Virginia Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, Virginia 24019

Re: VPDES- Permit No. VA0022985

Dear Ms. France:

This letter is being written to request a waiver from some testing requirements related to the Stuart Wastewater Treatment Plant's upcoming VPDES Permit renewal. The following waivers are requested:

Form 2A, Part A.12

A waiver is hereby requested to allow the 8-hour composite samples to be used in lieu of the 24-hour composite samples required on the application for BOD_5 and TSS. The current VPDES permit requires 8-hour composite samples for these parameters.

A waiver is also requested for fecal coliform to allow submission of previously collected E.coli test data instead.

Form 2A, Part B.6

A waiver is hereby requested to allow the use of grab samples instead of 24-hour composite samples for these parameters. Grab samples have been used under the current permit for compliance monitoring.

A waiver is also requested to not require testing for nitrate plus nitrite, phosphorous, and total dissolved solids. The receiving stream is not nutrient enriched water and there is no water quality criteria associated with these parameters.

Part D, Metals

A wavier is hereby requested to not require testing for beryllium and thallium as DEQ has not established water quality criteria for those parameters. For those other metal required for testing, a waiver is hereby requested to allow the use of dissolved metals data via grab samples instead of total recoverable samples via composite samples. The current VPDES permit is based upon dissolved metal data.

Part D, Volatile Organic Compounds, Acid Extractable Compounds, Base Neutral Compounds

A waiver is hereby requested for the following parameters that do not have water quality criteria associated with them:

Metals
beryllium
thallium
Total phenolic compounds

VOC's
chloroethane
2-chloro-ethylvinyl ether
1, 1-dichloroethane
methyl chloride
1,1.2.2-tetrachloro-ethane

1,1,1-trichloroethane

Acid Extractables
p-chloro-m-cresol
4,6 dinitro-o-cresol
4-nitrophenol
2-nitrophenol

Base Neutrals
acenaphthylene
3,4 benzo-fluoranthene
benzo (GHI) perylene
bis (2-chloroethyoxy) methane
4-bromophenyl phenyl ether
di-n-octyl phthalate
2,6-dinitrotoluene
fluorine
phenanthrene

A waiver is also requested for those parameters to be tested, to allow sampling by one (1) grab sample rather than three 24-hour composite samples.

Part E, Toxicity Testing Data

A waiver is hereby requested to accept data collected in accordance with the facility's current VPDES permit for whole effluent toxicity. The current permit requires only annual acute and chronic testing.

We hope that these requests for waiver will receive favorable consideration. If you have any questions or need additional information, please feel free to call.

Sincerely,
TOWN OF STUART

M.C. "Pete" Slate

Pete Slate

PS/slp

Certificate of Analysis

PCA Order No. 413705

Final Report

Prepared for:

Mr. M.C. Slate, Jr.
Town of Stuart
P.O. Box 422
Stuart, VA 24171

Report Date: June 06, 2007

Date Received: May 31, 2007

Project:

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Susan Sheppard
Project Manager

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

PROCHEM
Analytical Incorporated

RECEIVED
JUL 0 3 2007
DEQ-WCRO

Final Report

PCA Order No.: 413705
Client: Town of Stuart
Project:

Report Date: 6/6/2007

Sample Number: 413705-01
Date Collected: 5/30/2007
Time Collected: 11:40

Description: Outfall
Matrix: Wastewater
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
Copper, Dissolved	0.007	0.005	mg/L	6/4/2007	16:30	CDM	EPA 200.7
Zinc, Dissolved	0.129	0.005	mg/L	6/4/2007	16:30	CDM	EPA 200.7

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884

Analytical Request and Chain of Custody Form

PCA Order ID # 413705

Page ____ of ____
Is Order Complete? ☐ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:			
Company Name:	TOWN OF STUART		
Attention:	Mr. / ~~Ms.~~ M.C. SLATE JR		
Address:	P.O. BOX 922		
City, State, Zip:	STUART VA 24171		
Telephone:	276-699-4977	FAX:	276-699-2583
Email:	petesl ate@VA.NET		

2. Bill to:			
Company Name:	TOWN OF STUART		
Attention:	Mr. / ~~Ms.~~ M.C. SLATE JR		
Address:	P.O. BOX 922		
City, State, Zip:	STUART VA 24171		
Telephone:	276-699-3811		
Purchase Order No.:	5263	Quotation No.:	

3. Turn Around Time Request
☐ Standard Business Day
☐ 3-4 Business Day Rush
☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY		4. Project Name	6. Sample Type (Check One)			7. Collection Dates/Times			8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
PCA Sample ID Number	pH at Receipt in Lab (S.U.)	5. Sample Location or ID	Composite	Composite of Grabs	Grab	Composite Begin Date / Time	Composite End Date / Time	Grab Date(s) / Time(s)					
413705-01 D	<2	OUTFALL			✓			5-30-07 11:45 am	WW	PLASTIC	1	HNO_3	DISSOLVED COPPER + ZINC

RECEIVED
JUN 1 2007
BIEO-MICRO

13. QA/QC Package Request (please circle one): I II III IV V (Custom)

Matrix Key:
DW = Drinking Water; GW = Groundwater; LE = Leachate; LI = Liquid; OI = Oil; OT = Other; SL = Sludge; SO = Soil; ST = Storm Water; SU = Surface Water; SD = Solid; WW = Wastewater

Preservative Key:
None = No Preservative; H_2SO_4 = Sulfuric Acid; HNO_3 = Nitric Acid; HCl = Hydrochloric Acid; NaOH = Sodium Hydroxide; $(CH_3CO_2)_2ZN$ = Zinc Acetate; $C_{10}H_{14}O_8N_2Na_2$ = EDTA; $Na_2S_2O_3$ = Sodium Thiosulfate

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☒ via Email (no extra fee) ☐ via CD-ROM (extra fee)

16. Sampler(s) (Printed Name and Signature):
M.C. SLATE JR M.C. Slate Jr

15. Comments: Sample filtered at time of collection/per M. Slate

17. Relinquished by (Signature): M.C. Slate Jr — Date/Time: 5-31-07 12:10

18. Received by (Signature): [illegible] — Date/Time: 5/31/07

Lab Use Only:
Temperature upon receipt in lab: 1.4 °C
Samples Transported on ice? ☒ Yes ☐ No ☐ N/A
PCA Project Manager: SS
Method of Shipment: ☐ PCA Personnel ☒ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other ____

17. Relinquished by (Signature): ____ Date/Time: ____

18. Received by (Signature): ____ Date/Time: ____

17. Relinquished by (Signature): ____ Date/Time: ____

18. Received by (Signature): ____ Date/Time: ____

BF 69 ✓

VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

RECEIVED
MAR 13 20[illegible]
DEQ-WGRO

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Owner Information**

   Name: TOWN OF STUART

   Mailing Address: P.O. BOX 422

   City: STUART State: VA Zip: 24171 Phone: 276-694-3811

2. **Facility/Site Location Information**

   Facility Name: STUART WASTEWATER TREATMENT PLANT

   Address: 709 Commerce St.

   City: STUART State: VA Zip: 24171

   Latitude: 36° 38' 11" N Longitude: 80° 15' 5" W

3. **Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☑

   If "Yes", enter the VPDES permit number: _____

4. **SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): _____

5. **Total size of facility/site associated with industrial activity:** _____ acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☑ No ☐

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☑ One to five acres ☐ More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are <u>not</u> eligible for the No Exposure exclusion.**

		Yes	No
1.	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	☐	☑
2.	Materials or residuals on the ground or in storm water inlets from spill/leaks	☐	☑
3.	Materials or products from past industrial activity	☐	☑
4.	Material handling equipment (except adequately maintained vehicles)	☐	☑
5.	Materials or products during loading/unloading or transporting activities	☐	☑
6.	Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☑
7.	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☑
8.	Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☑
9.	Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☑
10.	Application or disposal of process wastewater (unless otherwise permitted)	☐	☑
11.	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☑

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: M.C. SLATE JR.

Print Title: SUPT. WATER / WASTEWATER

Signature: M.C. Slate Jr.

Date: 3-4-08

RECEIVED
MAR 13
DEQ-WCRO

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____